ASSESSMENT OF THE IMPLEMENTATION OF LIFE SKILLS-HIV/AIDS PROGRAMME IN SECONDARY SCHOOLS

REPORT OF INTERVIEWS WITH PROVINCIAL AND DISTRICT OFFICIALS

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ABET	Adult Basic Education and Training
C2005	Curriculum 2005
DoE	Department of Education
DoH	Department of Health
ECD	Early Childhood Development
EMD	Education Management Development
ELSEN	Education for Learners with Special Education Needs
HIV	Human Immuno-deficiency Virus
NGO	Non Governmental Organisation
OBE	Outcomes Based Education
PPASA	Planned Parenthood of South Africa
PWA	People with AIDS
SGB	School Governing Body
USAID	United States Agency for International Development

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EXECUTIVE SUMMARY

Interviews with Life Skills Programme managers at provincial and district level were conducted to obtain their views on how well the programme was being implemented, with particular emphasis on their perspectives on factors that impede and facilitate programme implementation. Only individuals with knowledge of (and to the extent possible, direct experience with) the programme were selected for interviews. At provincial level, two provincial-level Life Skills Coordinators -- one for health and one for education -- and additional relevant individuals were interviewed. At district level, fieldworkers visited at least two districts in each province, to seek out similar individuals.

Fifty-six officials at provincial and district level were interviewed, and the sample was biased toward district level managers (61 percent of all respondents) from the education sector (85 percent of all respondents). Nearly all respondents (51 of 56 respondents) reported that they have direct responsibility for managing and overseeing the implementation of the LS programme, and nearly all (54 of 56 respondents) believe that the programme is necessary *to develop knowledge and attitudes* (35 percent), *because it's needed and the right thing to do* (30 percent), or *to develop skills* (21 percent). Only one individual stated that the programme is not necessary because *it encourages sex and condom use*.

Nearly half the respondents (49 percent) said that the programme is being implemented in some way and that *awareness of HIV/AIDS was being generated*. However, managers tend to perceive implementation as being limited with mixed success. Many district and provincial mangers (like their national counterparts) view rural schools or dysfunctional schools as having far poorer implementation. Very few respondents reported that the programme had moved beyond generating awareness of HIV/AIDS – virtually no one mentioned "behaviour change among learners" as a result of the programme.

Forty percent (mainly respondents at district level) said that nothing was happening or that there were *no, poor, or unsatisfactory results.* Ten percent of the respondents (mainly at provincial level) indicated that they didn't know of any results of the programme – suggesting that they are too far removed from implementation to articulate any results that have been achieved thus far.

Nearly all managers offered views as to why some schools are successful or not in implementing the programme. They tended to view the *commitment/dedication/ motivation* of principals, educators, or schools as the main factor associated with successful implementation. Training and support were mentioned least often. In contrast, when asked why schools are <u>not</u> implementing, lack of commitment was not mentioned as frequently – rather insufficient resources (such as lack of trained staff, workload/time) and general ignorance of HIV/AIDS features as explanations. Indeed, most managers believe that a school's willingness or motivation to implement the programme is hampered by a lack of support or commitment within the school or by a heavy workload.

One of the notable findings was that 20 percent of the respondents simply did not know why certain schools were not implementing – a disturbing result given that nearly all of respondents are theoretically responsible for some aspect of implementation of the programme. This suggests that a significant portion of the managers responsible for implementation at the provincial and district level lack basic knowledge about, and management over, the programme.

Provincial and district managers view three areas as the most difficult or problematic for schools in their efforts to implement the programme: lack of time for implementation,

insufficient support for implementation, and poor parental interest in (or knowledge of) the programme. In addition, most respondents felt that the initial training provided to educators was not sufficient and there is need for follow-up training and support.

In examining the districts' willingness and capacity to support programme implementation, the data demonstrate wide acceptance that district offices are willing and motivated to undertake their responsibilities for this programme. Where there was a lack of willingness/motivation, most respondents state that this is due to a lack of training. However, despite the high levels of motivation and willingness among district personnel, most managers believe there is much less ability to undertake these responsibilities, particularly in writing business plans, providing follow-up to schools, and in overall implementation of the programme. In the view of 53 % of provincial officials, districts have not been given enough training to support and deliver the Life Skills-HIV/AIDS programme in the schools – particularly in "how to integrate the Life Skills-HIV/AID programme into the current curriculum", and in getting "more information about HIV/AIDS in general"

In contrast, many managers do not consider schools to be willing or abled/skilled in implementing the programme, due to either a lack of skills or knowledge in how to implement the programme, less interest in the programme, or less belief in the programme.

Most district officials acknowledge their responsibilities to undertake support visits to schools for this programme, but visits are reportedly insufficient due to lack of manpower, time, or transport. When visits do occur, they tend to focus on assessment of implementation and provision of information. This may not be enough. The perceived low levels of implementation suggest that educators are having difficulty applying what they learned in training, and more on-the-job training and skills development should be delivered during school support visits.

Perceived ownership of the programme diminishes as one moves from national to provincial to district and local levels – indicating that lower levels of management do not embrace the programme as much as higher levels. Moreover, as was reported by policy makers, the ownership of the LS programme is seen to exist mainly within the health sector at provincial and district level – indicating that most provincial and district level managers (like their national level counterparts) are not convinced that education has absorbed the programme as an education priority.

A variety of management factors and issues were examined to determine their role in facilitating or impeding implementation. The vision of the programme is believed to be clearly defined and shared by most programme managers. Roles and responsibilities, however, are not clearly defined for each management level of the programme (provincial, district, local) and thus appear to be a constraint to effective implementation. Planning around programme implementation is occurring although more often among health officials at provincial level and somewhat inconsistently among education officials at district level. When plans and targets are established they are mostly focused on training and visits. Many managers believe that resistance to the programme exists at local level, mainly from principals and parents. Respondents were also asked about motivators (or incentives) that would encourage more involvement in implementation of the Programme. Although some of the most frequently mentioned factors are outside the control of the project (such as number of staff, more physical resources), additional training and recognition of the efforts of individuals and groups would reportedly motivate more individuals at all levels to become more involved.

Managers' various suggestions for improving overall implementation revolve around four areas:

- Increase/improve support to educators responsible for implementation (including offering more training)
- Undertake wider initial consultation with community-based stakeholders to engender their ongoing support for the programme
- Establish more and better support for the programme from all management levels
- Adjust curriculum policy to ensure that the programme is taught
- Improve communication and overall programme public relations

TEAM MEMBERS

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Ms. Selvaggio has extensive experience in managing research activities at the national and community level. She has considerable experience in designing survey instruments; training field workers in data collection; developing data analysis plans; analysing data; and writing research reports for NGOs, universities, and government departments in southern Africa. Ms. Selvaggio has lived in southern Africa since 1985. Prior to joining Khulisa, Ms. Selvaggio worked as an independent consultant in southern Africa for two years, and for 13 years as a USAID Foreign Service officer responsible for managing health and population assistance programmes in Zimbabwe, Mozambique, Swaziland, Malawi, Botswana and other African countries. Ms. Selvaggio has a Masters in Public Health from the University of Minnesota, Minneapolis, USA.

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Ms. Goldstone is currently in the process of completing a M.Phil. (Social Science Research Methods) from the University of Stellenbosch. In 1998, she held a research internship with the Truth and Reconciliation Committee. Her experience has since included research, particularly data analysis, on various national-level education and health-related evaluations. These range from an evaluation of the implementation of technology education in S.A.(1998–1999), to an evaluation of the appropriateness of food-based dietary guidelines proposed by the World Health Organisation for South African women (1999). Her professional interest is, however, in education, in particular in programme evaluation and monitoring.

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Prior to her appointment at Khulisa, Ms. Notrica completed her studies at the University of the Witwatersrand, Johannesburg, where she obtained a degree of Masters of Arts in Industrial psychology. She has extensive theoretical knowledge in areas such as Industrial Relations, Personnel psychology, Organisational Theory, Psychometric Assessments, and Occupational Psychology. Ms. Notrica's work experience includes psychometric assessment, recruitment and selection, and she has also worked in human resources. Her informal work experience includes assisting university students with statistical computer programmes. Ms. Notrica has also conducted research, particularly in the area of leadership in South African organisations.

1. INTRODUCTION

The *Assessment of the Implementation of the Life Skills – HIV/AIDS Programme in Secondary Schools* aims to establish the extent to which the Life Skills program is being implemented throughout South Africa as well as to identify key implementation constraints which require attention by programme managers.

The assessment is commissioned by the national Departments of Health and Education and is financed through the Performance Monitoring and Evaluation (PME) Project with financing from USAID. The assessment is being conducted in 101 secondary schools and with provincial and district managers in eight provinces[1] between January and July 2000.

This report presents the views of provincial and district level managers of the programme, with particular emphasis on their perspectives on factors that impede and facilitate programme implementation.

This is the second of three reports to be submitted by Khulisa under this assessment. The first report, the Findings from Interviews with National-level Policy Makers, was submitted to the project Survey Committee[2] in May 2000 (dated 8 August). A third report (containing school level data as well as summaries of the first two reports) will be submitted to the Survey Committee in mid-2000.

2. METHODOLOGY

The methodology for this portion of the evaluation consisted of seeking out (purposeful sampling) two provincial-level Life Skills Coordinators -- one for health and one for education and an additional relevant individual as could be identified. At the district level, fieldworkers visited at least two districts in each province, to seek out similar individuals.

Thus, it was expected that at provincial level, fieldworkers would interview a minimum of two individuals (one from the health sector and one or more from education) and a minimum of two individuals at district level (one from the health sector and one or more from education). Only individuals with knowledge of (and to the extent possible, direct experience with) the programme were selected for interviews.

Construction of the instrument was based on the specific research questions to be answered by this study as well as the results of the policy maker interviews.

Finally, data collection took place between March 29 and April 6, 2000 in each of the provincial capitals and in 20 districts throughout South Africa.

[1] Gauteng Province isn't included in this assessment because it had earlier conducted its own assessment of the implementation of the programme.

[2] The project Survey Committee is comprised of representatives from the national Department of Education, national Department of Health, USAID (the funder of the assessment), and Macro International (contract manager for the assessment and the PME Project).

3. RESPONSE RATES AND RESPONDENT CHARACTERISTICS

Fifty-six officials at the provincial and district level in eight provinces and twenty districts were interviewed in the last week of March and the first week of April 2000. This is in line with the planned levels presented in the survey proposal (see Table 1).

Table 1: Provincial and District Interviews: Comparison of Planned and Actual Response Rates

Interviews with Provincial/District Officials	Planned	Actual
District Officials	4-6 per province	4.25 per province
Provincial Officials	2-3 per province	2.75 per province
Total Interviews	48-72	**56**

As planned, nearly 61 percent of the respondents came from the district level and the vast majority of these (85 percent) were from the Department of Education. 39 percent of the respondents came from the provincial level with 59 percent of these from the Department of Education and 41 percent from the Department of Health (see Table 2).

Table 2: Number of Respondents by Department, Level, and Province

	Provincial Level		District Level		
Province	Education	Health	Education	Health	TOTAL
Eastern Cape	1	1	3	1	6
Free State	3	1	3	1	8
KwaZulu Natal	1	1	5	0	7
Mpumalanga	2	1	4	1	8
Northern Cape	2	1	4	0	7
Northern Province	1	1	3	2	7
Northwest	2	2	3	0	7
Western Cape	1	1	4	0	6
TOTAL	**13**	**9**	**29**	**5**	**56**

Fifty-four percent of the respondents were female and 46 percent were male. This distribution was also seen at district and provincial level, although more females came from the health sector while more males were found in the education sector overall.

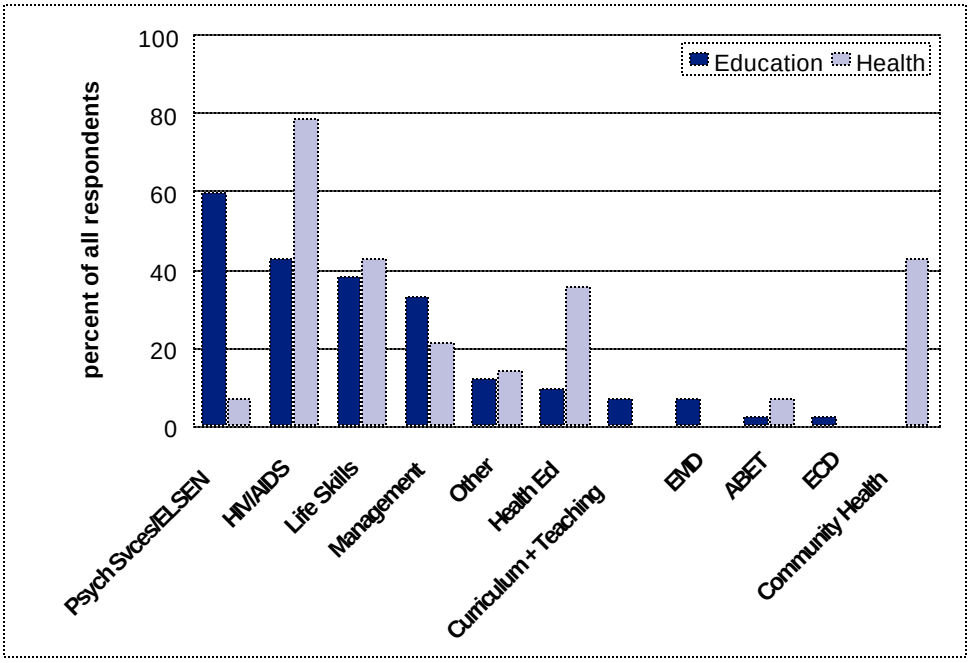
The vast majority of respondents were well educated, with more than three-quarters holding a bachelors or masters degree, and more provincial respondents holding masters and doctorate degrees (see Table 3).

Table 3: Educational Level of Respondents (N=55)

Educational Level	District Level	Provincial Level	TOTAL
M+3	9.1%	4.5%	7.3%
M+4	9.1%	9.1%	9.1%
BA/Bed	57.6%	36.4%	49.1%
MA/Med	24.2%	31.8%	27.3%
PhD/Doctorate	0.0%	9.1%	3.6%
Other	0.0%	9.1%	3.6%
	100.0%	100.0%	100.0%

Fieldworkers were instructed to purposively seek out those individuals responsible for the Life Skills Programme at Provincial and District Level. Indeed, most of the respondents (51 of 56) reported that they are responsible for management and oversight of the programme. However, the vast majority of these individuals (especially from the education sector) have other responsibilities, such as Psychological Services/ELSEN, HIV/AIDS, and (general) management (see Figure 1). Respondents from the health sector more often stated that they were responsible for HIV/AIDS, Community Health, or Health Education.

Figure 1: Main Professional Areas for Respondents by Sector



The respondents' years of work experience ranges from a few months to 32 years. At the provincial level, the mean years of experience for education and health officials is similar – 3.9 year and 4.4 years respectively. However, at the district level, education district officials have significantly fewer years of work experience (mean 7.7 years) than their health counterparts (11.2 years) -- due mostly to the large number district education officials with less than 5 years of experience.

4. FINDINGS

Fifty-two of 56 respondents stated that the Life Skills Programme was being implemented in their area. The four respondents who said the programme was not being implemented were from three districts – Inanda district in KwaZulu Natal, Mtubatuba district also in KwaZulu Natal, and De Aar district in the Northern Cape – and the reasons cited for the absence of implementation were *"lack or unavailability of coordinators", "general staffing problems", "lack of commitment"* or *"lack of commitment from principals"*.

Otherwise, all the respondents at the provincial level and the respondents from the 17 other districts (out of a total of 20 districts reached) said that the programme was indeed being implemented in their area.

All respondents (except for two) state that they believe the Life Skills programme is necessary, for the following reasons:

- To develop knowledge and attitudes (35 percent of all responses): *to have well informed people and learners; learners should know that HIV/AIDS is real; youth have right to information; to educate educators about HIV/AIDS; empower communities with knowledge; develop positive attitudes among learners; develop positive attitudes among communities*;
- Because it's needed and the right thing to do (30 percent of all responses): *due to the high rate of infection; to create an environment conducive to talking about sexuality; it's helpful; without it there would be "no progress"; to prepare learners for the future; because learner's are at a vulnerable age; to produce responsible members of society*
- To Develop Skills (21 percent of all responses): *to develop skills among learners; to empower communities with skills*
- Because it's our responsibility or job (7 percent of all responses): *because it forms part of new curriculum; schools are centres of our communities; to fulfil the vision; school should provide education in the programme; clinics have task of driving the programme forward*.

One individual stated that the programme is not necessary because it *encourages sex and condom use, the topic is taboo for children, and learners should be taught abstinence*. This individual is a district education officer who also stated that while he has implementation responsibilities, he shouldn't have these.

Another individual who stated that she wasn't sure if the programme was necessary. She is a provincial health officer who is responsible for implementation (and agrees that she should be responsible) but who gave no specific reasons for here uncertainty over the need for the programme.

4.1. Date of Initiation of Programme

Nearly all respondents state that the programme began in their area since 1996. Interestingly, however, 11.5 percent of respondents stated that the programme began before 1996, and these individuals were from the Eastern Cape (reporting 1988 and 1993 start dates), KwaZulu Natal (reporting 1987 and 1989), Northern Cape (1994), and Mpumalanga (1995). Although two respondents (from Mpumalanga and KwaZulu Natal) are from the education sector, the

remainder are from the health sector, and their dates most likely refer to HIV/AIDS projects initiated by the DoH rather than the Life Skills programme specifically.

4.2. Views on Implementation and Results Achieved thus far

4.2.1. Perceived Results of the Programme:

Figure 2 below depicts the responses on the perceived results of the programme. 49 percent of the responses indicated that the programme is being implemented in some way. More often, however, these responses are qualified by stating that the extent of implementation is only average or mixed – with some schools doing well while others were struggling. Some respondents indicated that rural schools or dysfunctional schools have poorer implementation.

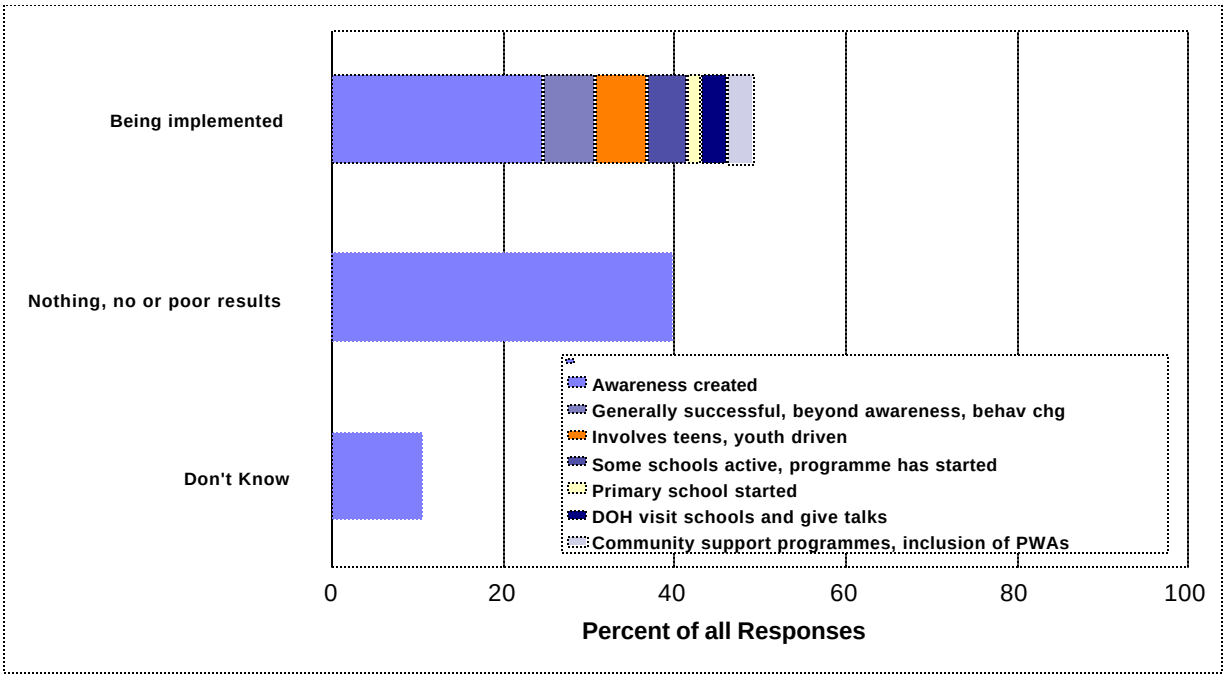
The main result cited for these schools (that had embarked on implementation) was "*awareness was being generated about HIV/AIDS"*, but other statements made about the extent of implementation are reflected in Figure 2.

Another 40 percent of the responses stated that either "nothing was happening" or that "there were no or poor/unsatisfactory results". The reasons for the lack of results varied widely: "*not all the trained educators are implementing the programme", only some educators are committed", programme is not in integrated into school activities", "no time given for implementation", "principals were left out of the process (including the initial training)", "principals are ignorant", "negative attitudes", "lack of commitment of officials"*, or *"insufficient transport, infrastructure, funding, management, materials or manpower"*. Notably, many of the negative views expressed about the results of implementation were expressed by respondents at the district level.

A further 10 percent of the responses refer to the lack of knowledge of any results of the programme. Many of these came from respondents located at the provincial level - suggesting that these managers are too far removed from actual implementation (or lack sufficient feedback on programme implementation) to articulate any results that have been achieved thus far.

District and provincial officials, as well as respondents from the health and education sectors) generally agreed with one another on these results. There were no significant differences between these groups.

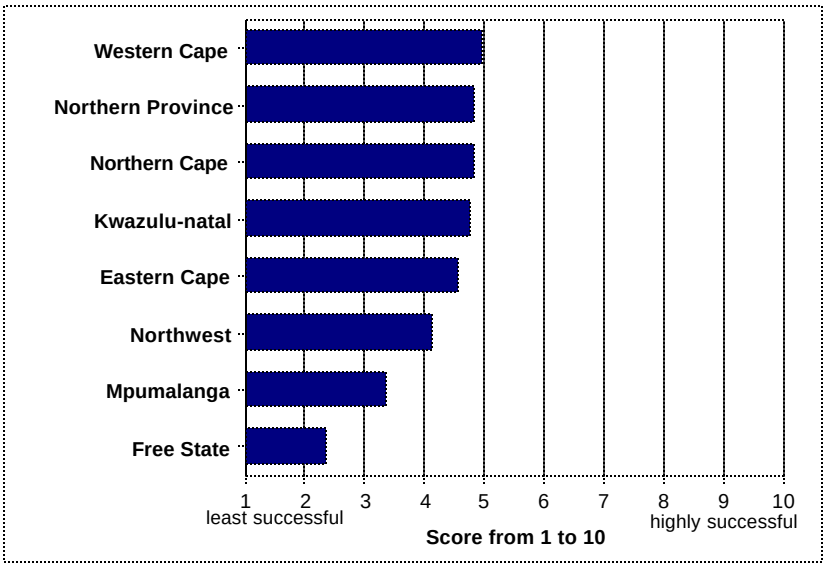
Figure 2: Perceived Results of Programme Implementation



4.2.2. Views on Programme's Overall Success

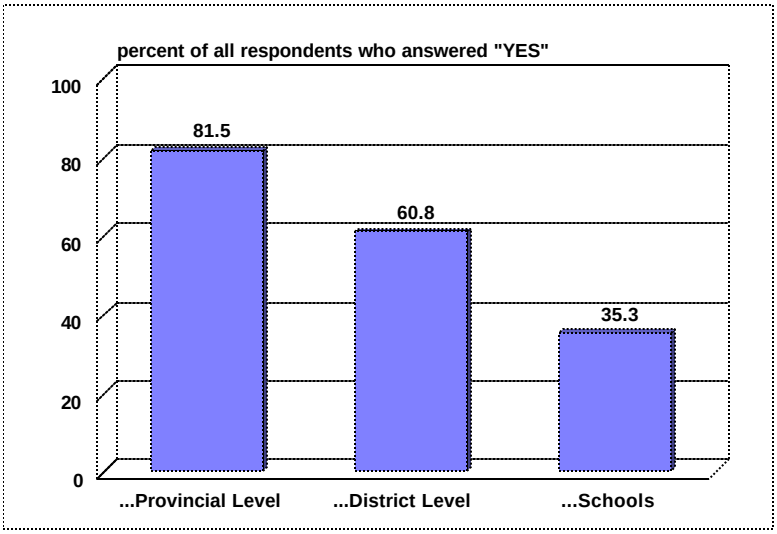
When respondents were asked to rate the success of their programmes on a scale of 1 to 10 (1=least successful and 10= highly successful), there were no significant differences in the scores provided neither by health/education personnel nor by provincial/district personnel. Rather, differences in the scores can be seen between provinces. Only the Western Cape rated itself average in success (a score of 5) followed by Northern Province and the Northern Cape. The respondents from other provinces all rated their programmes below average with the Free State and Mpumalanga rating themselves the lowest in overall success (see Figure 3). Findings at the school level will reflect their capacity to assess problems within their respective provinces.

Figure 3: Views on the Programme's Success by Province



When asked if the programme was given a priority status at provincial, district, and school level, a pattern of perceived diminishing priority is seen as one moves down the levels (Figure 4). These views are relatively consistent between district and provincial respondents, and health and education respondents with the exception of the views of the district education level – many district education officials (61 percent) believe that the programme is given priority status, but their provincial counterparts largely disagree. Only 36 percent of provincial education officials think that the programme is given priority status. This suggests that the province is not seeing enough evidence of commitment to programme implementation at district level. It is also possible that the district feels that whatever it is doing should be sufficient given their other demands, or that they are not being sufficiently supported in their efforts by their provincial officers.

Figure 4: Is this Programme Given Priority Status at ….?



4.2.3. Approaches used at School Level for Implementation

When asked about what different strategies were being used to implement the programme in schools, very few respondents indicated the frequency of implementation (such as one hour per week, etc). Rather, most respondents indicated the various methodologies being implemented in schools in their province or district (see Table 4). Entertainment activities, along with the use of outsiders, are commonly reported – presumably to supplement the academic aspects of the programme.

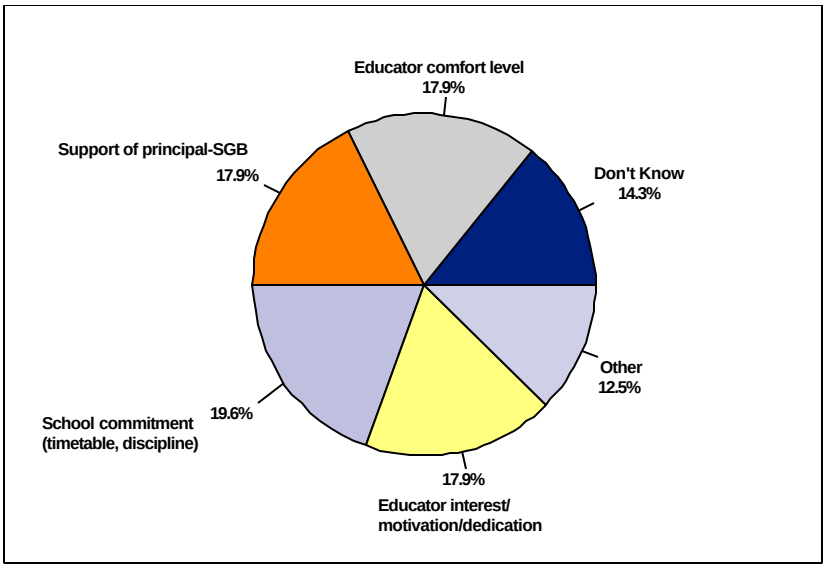
Table 4: Various Approaches mentioned by District and Provincial Officials

Approach	Percent of All responses	
Entertainment Approaches (32.82% of all responses)	Dramas, poetry, puppetry	21.88
	Music competitions	7.81
	Art competitions, painting	3.13
Academic Approaches (25.00 % of all responses)	Basic teaching	12.50
	Put on timetable /guidance periods	3.13
	Peer education/counselling	1.56
	Lectures/talks, debates, seminars	7.81
Participation of Outsiders (28.13 % of all responses)	Outside lecturers/speakers	25.00
	Visits by PWAs	3.13
Don't Know		14.06
Total		100.00

4.2.4. Why some Schools are Successful Implementers

Nearly all respondents (93 percent) offered some view as to what contributes to more successful implementation at the school level. Not surprisingly, the commitment/ dedication/motivation of schools, principals, and educators were mentioned most often as the main factor associated with successful implementation of the program (Figure 5). Educator comfort with the subject matter also featured prominently as a reason for success. Other factors mentioned were: training, communication, using the expertise of NGOs, and receiving adequate support.

Figure 5: Views on Why Some Schools are Successful in Implementation

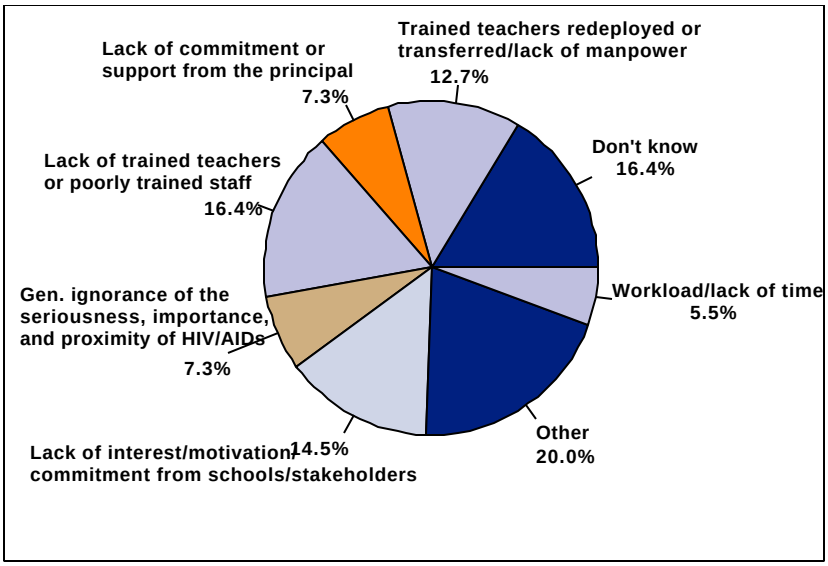


4.2.5. Why Other Schools are Not Implementing

Again, nearly all respondents (91 percent) offered explanations as to why some schools were not implementing the programme. However, a notable 20 percent of respondents simply did not know why certain schools were not implementing – a disturbing result given that nearly all of respondents are theoretically responsible for some aspect of implementation of the programme (see Figure 6). This suggests that a significant portion of the staff responsible for implementation at the provincial and district level lack basic knowledge about, and management over, the programme.

Second, despite the fact that "commitment and support" featured prominently in explaining the success of some schools, "lack of commitment and support" was mentioned less often as an explanation of why schools are not implementing the programme. Rather, human resource issues (such as the lack of/insufficient number of trained staff, or poorly trained staff, along with the redeployment or transfer of trained staff) account for nearly 30 percent of the explanations received. In addition, workload/time issues, and general ignorance of issue of HIV/AIDS featured as explanations as to why the programme is not being implemented. Other issues cited by the provincial and district respondents include *lack of commitment from district and circuit officials, lack of support both in general, but also from SGBs and district officers, overemphasis on examinable subjects and consequent marginalisation of Life Skills, insufficient resources and infrastructure, insufficient materials, confusion over who has responsibility for schools where district boundaries have not been clearly demarcated and lack of transport to attend training.*

Figure 6: Reasons Why Some Schools are NOT Implementing the Programme



4.2.6. Difficulties in Implementation

Provincial and district managers view three areas as the most difficult or problematic (see Figure 7 to Figure 9):

(i) Availability of time for implementing the programme,
(ii) Level of support for implementation, and
(iii) Parents' interest in the programme.

In contrast, learner interest in the programme was viewed as the least problematic or difficult area of implementation – demonstrating wide recognition that there is clear demand for the programme from learners.

While there is general agreement among provincial and district respondents, as well as respondents from the health and education sectors, on these three main problem areas, there are statistically significant differences in the scores given by different provinces. For example, certain provinces report more difficulty with certain implementation areas – e.g. the Eastern Cape indicates much more difficulty with sufficiency of materials and teaching aids, while KwaZulu Natal indicates more difficulty with training. This suggests that provincial differences reflect each province's or district's unique management and implementation situation.

Figure 7: Mean Scores by Province: Difficulties experienced in Implementation – Graph 1 of 3

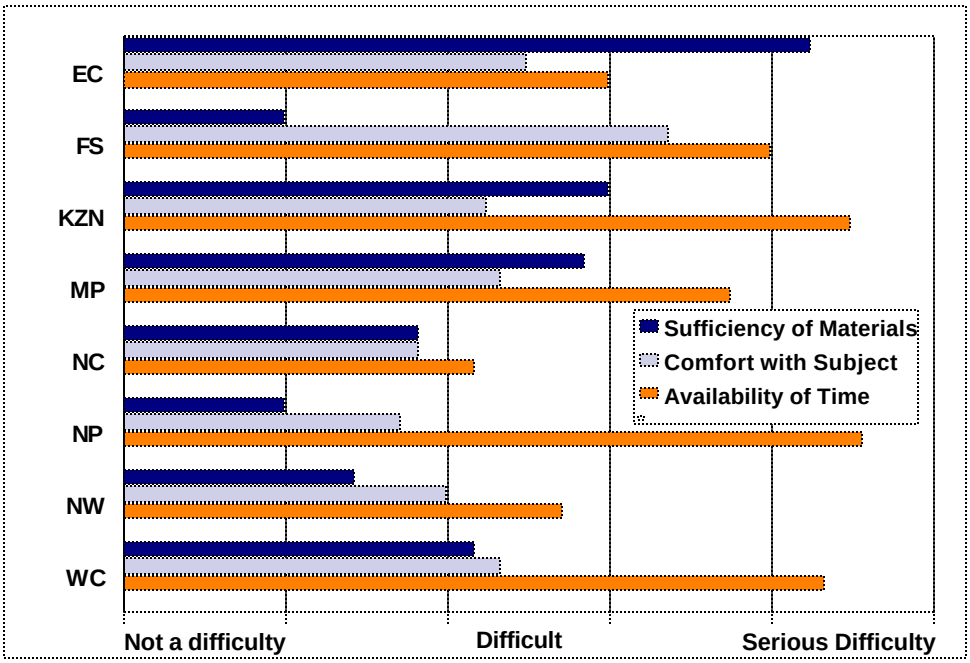


Figure 8: Mean Scores by Province: Difficulties experienced in Implementation – Graph 2 of 3

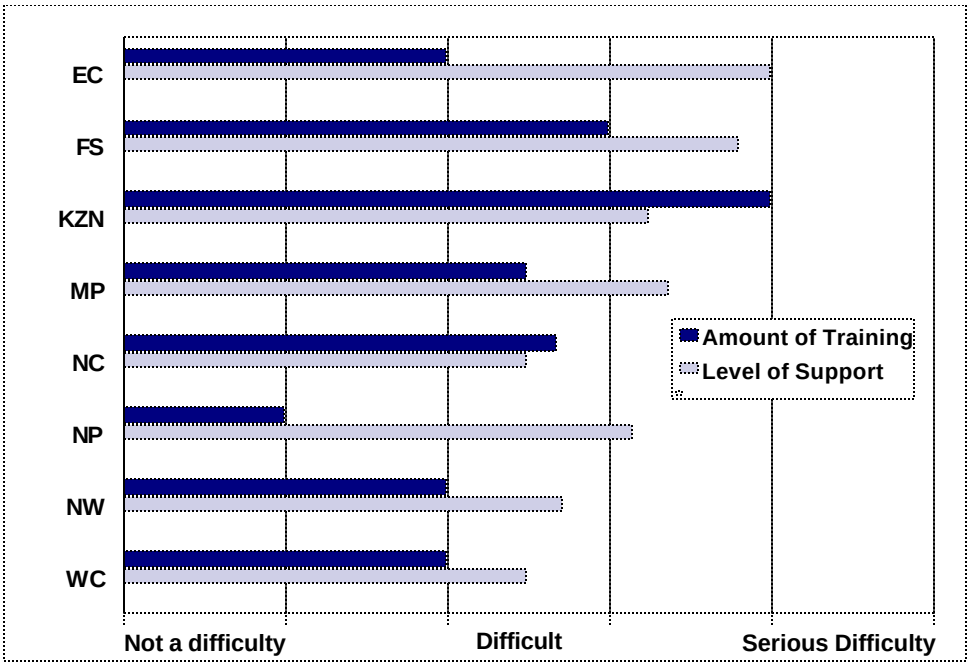
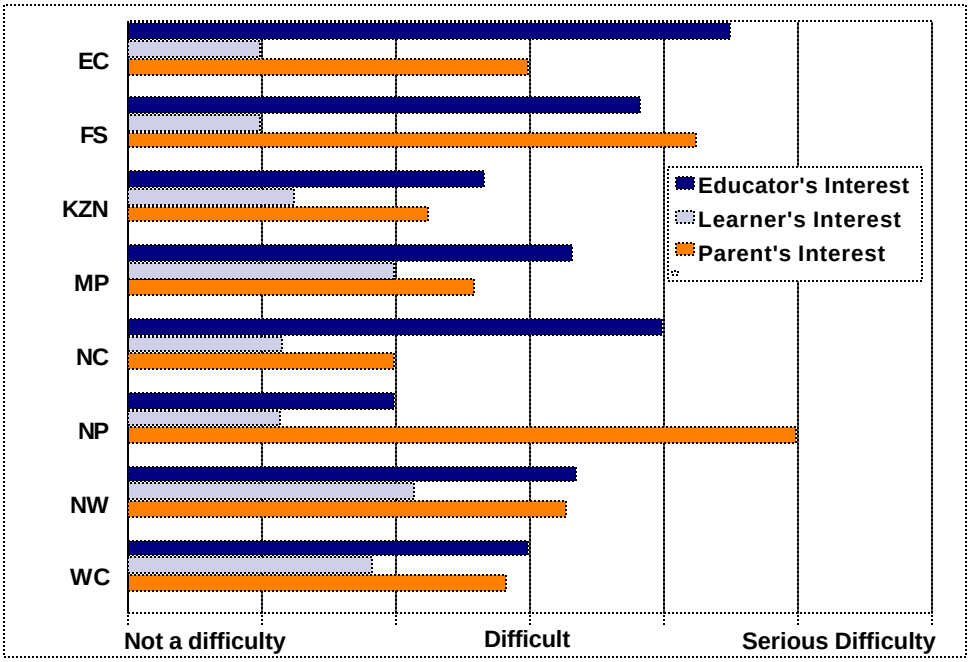


Figure 9: Mean Scores by Province: Difficulties experienced in Implementation – Graph 3 of 3



4.3. Views on School Level Preparation and Performance

4.3.1. Training

Master Trainers: The data reflects perceptions of a substantial decline in the number of master trainers initially deployed, to those currently working in the districts/provinces. All but one respondent reported a net loss of master trainers since the beginning of the programme. District respondents tended to report a larger mean loss (-57 percent) compared to provincial respondents (-22 percent). There was the exception of one respondent in Mpumalanga who reported an increase in the number of master trainers, but this needs to be investigated further.

This has further implications for the sufficiency of training for schools. Sixty percent of respondents did not think the schools were given sufficient training for implementing the programme. The reduction in training capacity due to the loss of master trainers may exacerbate a situation of insufficient training being that is delivered to schools.

Quality of Initial Training of Educators: Respondents were asked to provide their views on the quality of the initial training of educators. Approximately one third of responses (32 percent) reflected that the training in the particular district/province was good. In the Education sector, a discrepancy in perceptions of the quality of training was observed between district and provincial level officials, with significantly more officials at the district education level, than at the provincial education level stating that the quality of training was good. The following factors were cited by provincial Education officials as the primary reasons for the lack of efficient delivery of training in their respective provinces: *Lack of proper consultation with district officials, training was not well-planned, lack of support from principals,* and the fact that *not all targeted educators attended the training.* In interviews with national level policy-makers, they stated that the delivery of training was

hampered by a lack of consultation, with district officials and with school level stakeholders – educators as well as school principals, resulting in a lack of visible support for the training.

The only significant difference in the views on training quality was found between education officials at provincial and district level. District education respondents were more positive and satisfied with the quality of training than provincial education respondents. The provincial education officials cited the following problems: *Lack of proper consultation with district officials, training was not well planned, lack of support from principals,* and the fact that *not all targeted educators attended the training.*

Need for Follow-Up Training And Support: 60 percent of all respondents stated that educators had not been given sufficient initial training for implementing the programme. Of these, significantly more respondents from the Education, than from Health sector saw the need for more training.

The strongest need identified by respondents from the Education sector was for *general re-training/refresher training,* i.e. post-training support, rather than training in any one specific area. Other important issues identified by the Education sector were *the need for administrative /business skills* (identified by percent of respondents), *how to be comfortable with the subject of sexuality and HIV/AIDS and one's own personality, OBE teaching techniques* and *counselling.*

4.3.2. Views on School Capacity and Motivation

Respondents were asked about their views on whether schools' were able (i.e. have the necessary knowledge, skills, time and support) and willingness/motivation to undertake basic functions for implementing the programme.

Managers generally believe that only half or fewer of the schools are willing/motivation to undertake these tasks (Table 5), mainly because of a lack of interest, commitment, or support within the school itself (45 percent of all responses) or a too heavy workload or insufficient time at the school (25 percent).

Moreover, managers believe that even fewer schools are able to undertake these tasks (with the exception of accessing materials) (Table 6), largely due to lack of skills or training (40 percent of all responses), insufficient commitment (28 percent) or work overload/lack of time (11 percent).

Managers were asked if they thought the schools and educators liked teaching this programme. Nearly one-third didn't know, but more than half (52 percent) said "yes" the schools and educators do enjoy teaching the programme mostly because of the personal benefits the educators derive or because the educators find it improves their relationship with the learners. 20 percent of managers said teachers do not like teaching the programme, mainly because of discomfort with the subject or because the teachers lack time and/or support to undertake the programme.

Interestingly, these data suggest that programme managers do not believe the need for training or knowledge/skills as a factor in the educators' interest in the programme. Rather, it appears that the managers believe that factors other than training and the acquisition of skills and knowledge affect the teacher's interest. Once the school level data is processed, we will cross check this to see if the managers' impressions are correct.

Table 5: Are Schools WILLING/MOTIVATED to…..

	Percent of Respondents who say "yes" the schools are willing	Significant differences in views
… Implement the programme?	45.5	None
… Write business plans to access additional funding	35.7	None
… Access training for schools/educators in Life Skills-HIV/AIDS?	56.4	None
… Access materials on Life Skills-HIV/AIDS	61.8	None
…Access follow-up support in Life Skills-HIV/AIDS	54.5	None

Table 6: Are the Schools ABLE to……

	Percent of Respondents who say "yes" the schools are able	Significant differences in views
… Implement the programme?	30.4	More health respondents say "yes"
… Write business plans to access additional funding	8.9	More health respondents say "yes"
… Access training for schools/educators in Life Skills-HIV/AIDS?	50.9	More health respondents say "yes"
… Access materials on Life Skills-HIV/AIDS	66.1	More education respondents say "yes"
…Access follow-up support in Life Skills-HIV/AIDS	46.4	None

4.3.3. School Commitment

Approximately two thirds of the respondents felt that schools were committed to implementing the programme, but not especially strongly – 42 percent of all respondents said that schools were 'only partly committed' while 25 percent felt that they were 'very committed'. This viewed was shared universally – district/provincial respondents and health/education respondents alike shared the same views on the level of school commitment.

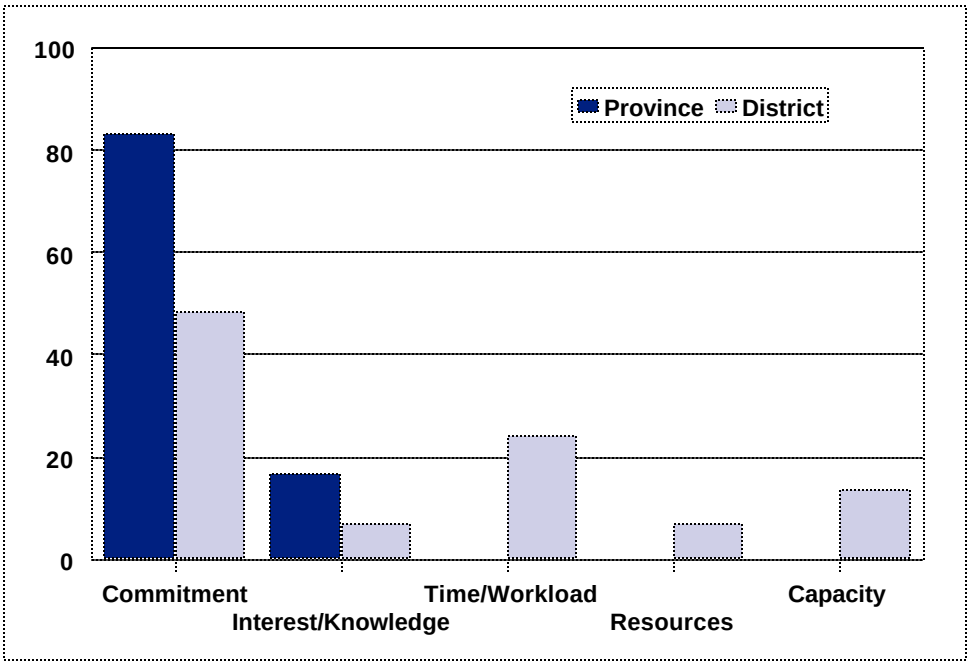
Of the 33 percent of respondents who felt that schools were not committed to the programme, there is a very interesting dichotomy in their explanations. All provincial respondents said the lack of commitment at school level was due to either to a

- Lack of commitment (*not an examinable subject, no commitment, lack of interest, lack of Cooperation from some educators, involves extra work, believe it's a waste of time, not enough COLTS, schools not functional, schools caught up with didactic realities of education, use time for reviewing different subjects or as a free period),* or a
- Lack of interest or knowledge (*not confronted yet with realities of HIV, teachers don't like teaching the programme, HIV/AIDS not a reality to some schools yet).*

While district respondents acknowledged these two factors, only they also noted other factors (see Figure 10), such as:

- Insufficient resources (*no facilitators, staff shortages)*
- Time/workload issues (*have other duties, too heavy workload, busy with examinable subjects, too little time);* and
- A problem of capacity (*no training, people trained are gone or not training any longer).*

Figure 10: Why are some Schools NOT Committed to the Programme by Level of Respondent



4.4. Views on District-Level Support and Management

Capacity of Districts to Manage the Programme and Support Schools: All respondents were asked whether they thought district offices are able (i.e. have the necessary knowledge, skills, time, and support) and willing/motivated to implement various aspects of the programme (**Table 7** and Table 8).

The data demonstrate wide acceptance that district offices are willing and motivated to undertake these responsibilities. Where respondents felt there was a lack of willingness/motivation, most state that this is due to a lack of training. This is further reinforced by the thirty-five percent of respondents who indicated that district-level lack of commitment to these activities is also due to insufficient training.

Most respondents believe that despite the high levels of motivation and willingness among district personnel, there is much less ability to undertake these responsibilities, particularly in writing business plans, providing follow-up to schools, and in overall implementation of the programme.

Table 7: Are the Districts WILLING/MOTIVATED to……

	Percent of Respondents who say "yes" the schools are willing	Significant differences in views
… Implement the programme?	83.9	
… Write business plans to access additional funding	Not asked	
… Organise and deliver training for schools/educators in Life Skills-HIV/AIDS?	82.1	
… Deliver and distribute materials to schools on Life Skills-HIV/AIDS	80.4	
…Provide follow-up support to schools in Life Skills-HIV/AIDS	75.0	

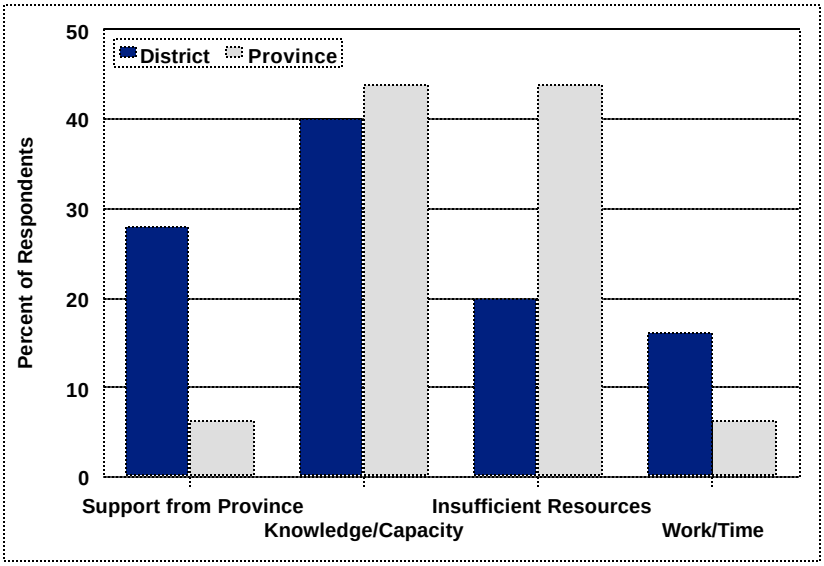
Figure 11 illustrates that both district and provincial respondents believe there is a great lack of knowledge and capacity among district personnel (*"no training was received", "district staff not clearly conversant with programme*"). However, more provincial managers believe that an insufficiency of resources (*"problems with transport", Lack of manpower", "lack of funds", and "no dedicated person working on this programme*") and the lack of support from the provincial level (*"no information received" "no clear direction given*") also contribute to the low ability levels in district offices.

In the view of 53 % of provincial officials, districts have not been given enough training to support and deliver the Life Skills-HIV/AIDS programme in the schools. These individuals say that more training is needed in "how to integrate the Life Skills-HIV/AID programme into the current curriculum", and in getting "more information about HIV/AIDS in general".

Table 8: Are the Districts ABLE to……

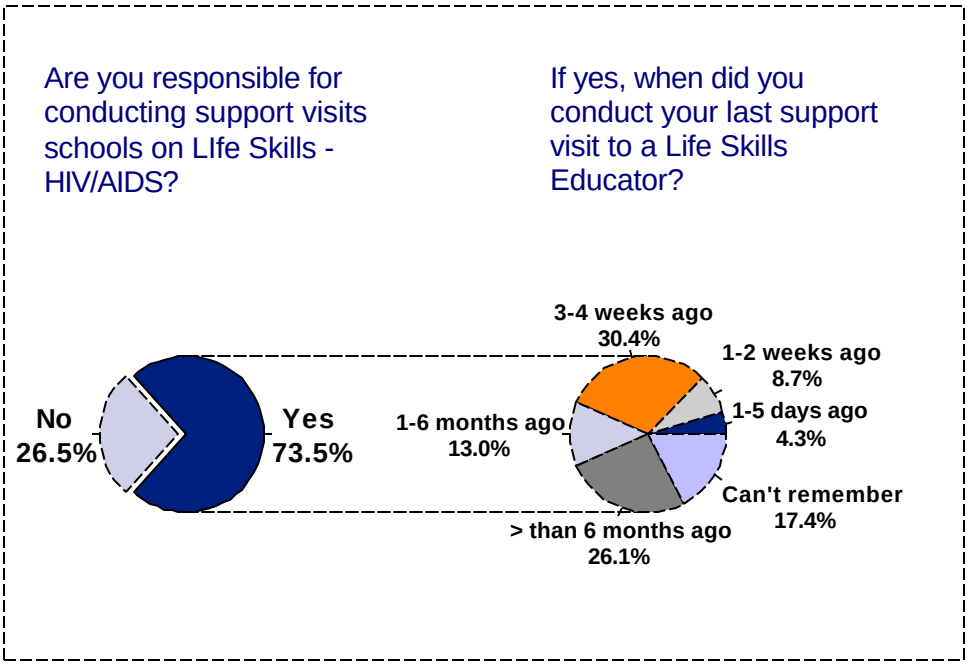
	Percent of Respondents who say "yes" the schools are able	**Significant differences in views**
… implement the programme?	53.6	
… write business plans to access additional funding	37.5	
… organise and deliver training for schools/educators in Life Skills-HIV/AIDS?	61.8	
… deliver and distribute materials to schools on Life Skills-HIV/AIDS	73.2	
…provide follow-up support to schools in Life Skills-HIV/AIDS	57.1	More health respondents say "yes" than education respondents

Figure 11: Reasons for district-level lack of ability



Support visits to Schools: Figure 12 shows that most district-level respondents are responsible for conducting support visits to schools on Life Skills-HIV/AIDS. However, while nearly one-third say that their last support visit occurred 3-4 week ago, another 26 percent say that they conducted their last support visits more than six months ago.

Figure 12: Provision of Support visits by District Officials

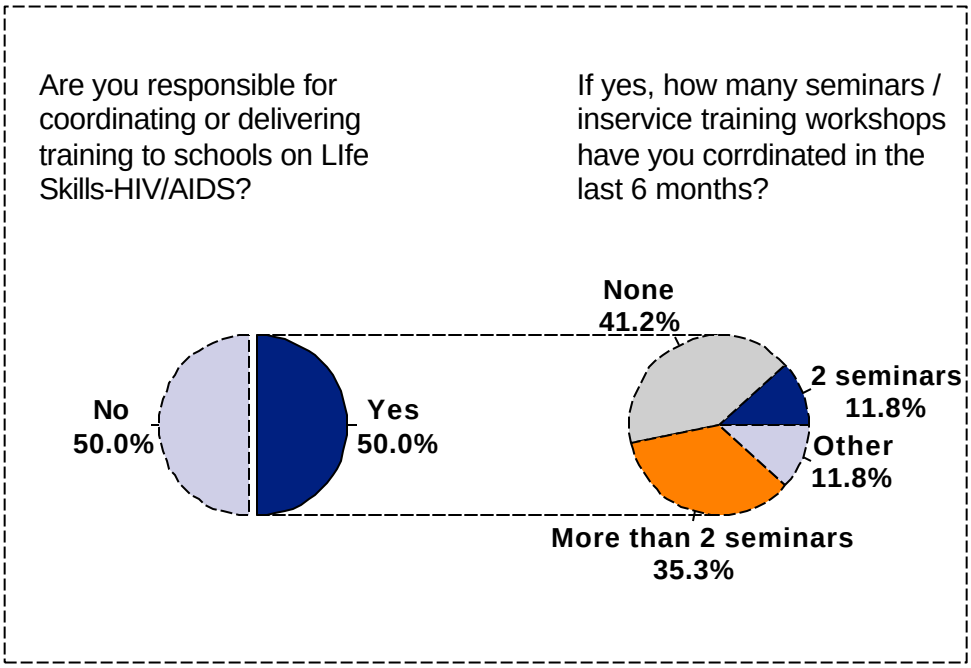


The reported purpose of the school visits varies widely. The most common purposes (40 percent of all responses) were the *"assessment of the general level of implementation of the Life Skills-HIV/AIDS programme"* or *"providing information"*. Other common responses included *"identifying the key people who implement the Life Skills- HIV/AIDS programme in schools"* and *"assessing how well various stakeholders receive the Life Skills-HIV/AIDS programme in their school"*.

When the district official was not personally responsible for conducting support visits, he/she stated that either the Life Skill Coordinators or the Deputy Chief Education Specialist should otherwise be responsible for conducting such visits. But these individuals also felt that they do not want to be personally responsible for conducting support visits, and would rather see them being conducted by the health sector.

Coordinating or Delivering Training to Schools: Figure 13 shows that half the district respondents state that they are responsible for coordinating and delivering training to schools on Life Skills-HIV/AIDS. However, as seen for school visits, the majority of these individuals report that they have not coordinated any seminars or in-service training in the last 6 months.

Figure 13: Provision of Training by District Officials



Again, most of those not personally responsible for coordinating/delivering training state that either the Life Skill Coordinators or school nurses are mainly conducting this at the present time. Although not as primary as the above-mentioned positions, others such as master trainers and the psychological services officer were also mentioned.

In terms of who should conduct training, most district level respondents stated that the Life Skill Coordinators should be mainly responsible for coordinating and delivering training. Other individuals also reported included: health workers, trained educators, school psychologists, NGOs, and education specialists.

Level of Comfort in Providing Support to Schools: At the district level, most of the respondents say that they are "very comfortable" (59 percent) or "somewhat comfortable" (15 percent) with supporting the implementation of the Life Skills-HIV/AIDS programme at schools, mainly because of they received sufficient support and training from provincial level (60 percent of all respondents).

Type of Support Actually Given to Schools by Districts: Despite the above results where district official acknowledge their responsibility for supporting schools through visits and training, when asked what type of support they are giving to schools, percent of district

officials stated nothing: *"no support is being given, very little support is being given"* or *"support is general, or non-specific"*.

Of those who do provide support, most indicate that they mainly give training or materials to schools (including promotional materials such as pamphlets and posters) (40 percent of all responses). The remaining forty percent include a variety of other types of support, such as the provision of information, funds, monitoring and evaluation, follow-up support and counselling support.

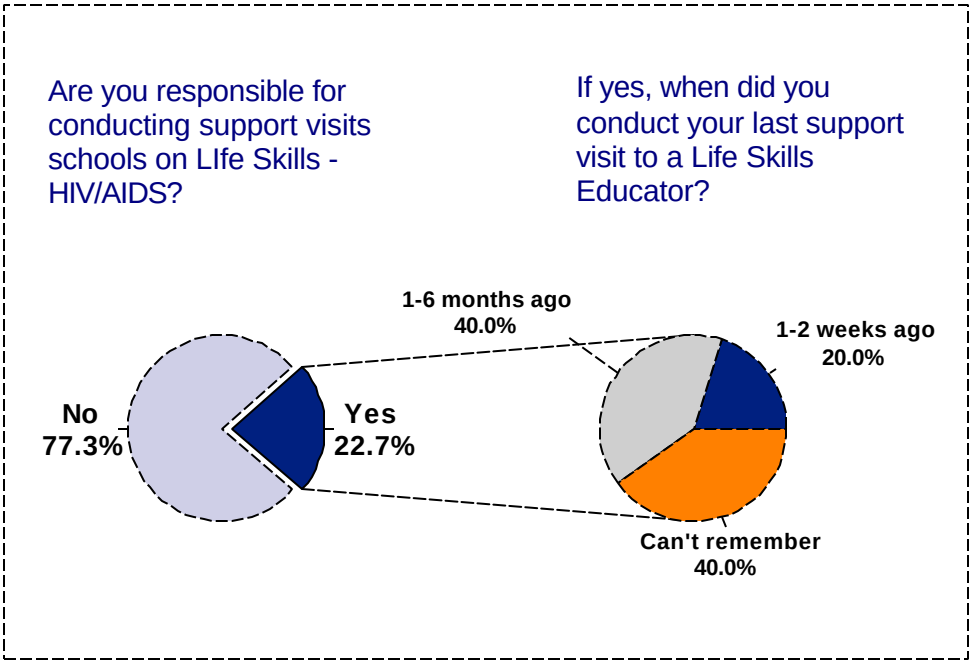
Sixty-six percent of district officials believe that the current level of support that they provide to the schools is not sufficient, mainly due to *"insufficient manpower at the district level"*, the need for *"more follow-up training for district officials"*, the shortage of time, and the need for *"a well-established school programme before support can be provided"*.

Summary: These data show that district level managers largely acknowledge their responsibilities in providing support to schools in the implementation of the programme. They also indicate their general comfort in undertaking these responsibilities. Yet, the vast majority say that the level (quantity) of support they currently provide to schools is not sufficient because of the lack of people, time, and training at the district level. Thus, given that the project cannot affect the manpower situation at district level, the key issue for the project is how can it facilitate more support to schools within the current resource constraints.

4.5. Views on Provincial Level Support and Management

Support visits to Schools: Figure 14 shows that very few provincial officials believe that it is their responsibility to conduct support visits to schools on Life Skills-HIV/AIDS. A few who do consider this one of their responsibilities indicated that they conducted their last support visits between 1 and 6 months ago, although many also could not remember when they conducted their last support visits to schools. There is also no evidence that any records were being kept of such visits.

Figure 14: Provision of Support Visits by Provincial Officials

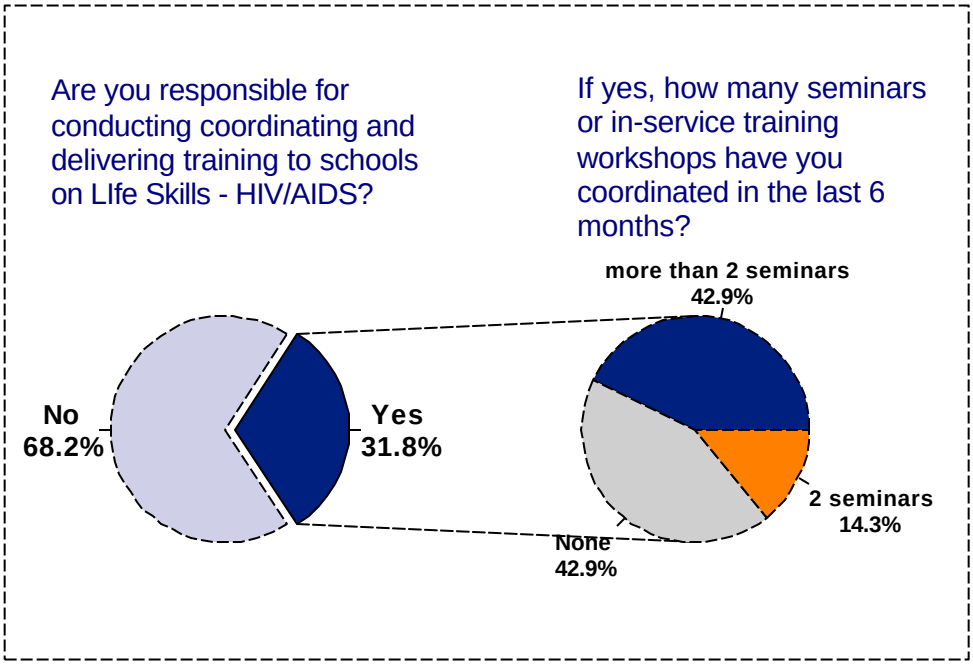


When they do conduct support visits, half the provincial officials say the visits entail the *"provision of materials"* and the *"provision of general support"* to the school. Other responses included *"retraining educators"* and *"assessing the general level of implementation"*. As these were responses to an open-ended question, have no way of determining the quality of these visits were, and issues of quality were not spontaneously raised by the respondents.

When the provincial official was not personally responsible for conducting support visits, he/she stated that it is the Life Skill Coordinators who are basically responsible for conducting such visits, along with master trainers. Interestingly, 6 percent of provincial officers did state that provincial-level officials themselves should take on the responsibility of conducting support visits to schools.

Coordinating or Delivering Training to Schools: Figure 15 shows that only 32 percent of provincial officials are responsible for coordinating and delivering training to schools on Life Skills-HIV/AIDS. While many of them report having coordinated more than 2 seminars or in-service training workshops in the last 6 months on Life Skills-HIV/AIDS for schools, an equal number also report having coordinated no seminars or in-service training on Life Skills-HIV/AIDS for schools during the last 6 months.

Figure 15: Provision of Training by Provincial Officials



Again, provincial level officials who are not personally responsible for coordinating and delivering training to schools believe that Life Skill Coordinators, the Department of Education, or NGOs are mainly responsible for this. In terms of who should be coordinating the training, most provincial level respondents stated that life skill co-ordinators, health workers, and the Department of Education should be the main groups responsible for coordinating and delivering training.

Level of Comfort regarding support: Eighty six percent of provincial level respondents reported being "very comfortable" with supporting the implementation of the Life Skills-HIV/AIDS programme. As with the district level respondents, the most commonly reported

reasons for this level of comfort included the receipt of support and training (61 percent of all respondents). There was no significant difference between education and health personnel.

Actual Support being given to the Districts by the Provincial Level: Only 10 percent of provincial officials respondents are providing no support to districts. Forty-three percent of those who do provide support indicate that they mainly provide districts with materials, training and the monitoring and evaluation of the programme. Other types of support provided include the provision of information, management support, and funding.

Seventy-five percent of provincial officials indicate that the current level of support is not sufficient mainly due to: *"lack of follow-up training"*, *"insufficient funds"*, and *"a well-established school programme is required before support can be provided"*.

Summary: Again, as seen with the district officials, although many provincial managers acknowledge their role in supporting the implementation of the programme and their high comfort levels in doing so, very few actually conduct support visits. This suggests that provincial managers are not "getting out to the field" enough to track the progress of implementation and to keep abreast of how well the project is being implemented. Again, the challenge for the project is to see how it can facilitate more engagement of provincial managers in activities that are occurring on the ground.

4.6. Other Management Issues

4.6.1. Human Resources: Roles and Capacity

4.6.1.1. Personal views on own management responsibilities

Nearly all respondents (93 percent) have implementation responsibilities for this programme. Four individuals from district education offices said that they were not responsible for managing the programme, although one said that he is in the process of learning because he had just begun his job.

Despite the fact that nearly all respondents hold responsibilities for implementation of the programme, 8 of them (4 female and 4 male) stated that they should not have this role (see Table 9). Four of these individuals are from the Free State, while the others are from Kwazulu Natal (2), Mpumalanga (1), and Northwest Province (1). They all reported that the Life Skills Coordinators, AIDS Coordinators, or community health workers should be the person responsible for programme implementation.

Table 9: Level and Sector of Individuals stating that they hold responsibilities for implementation, but they should not be responsible

	Provincial Level	District Level
Health	1	2
Education	2	3

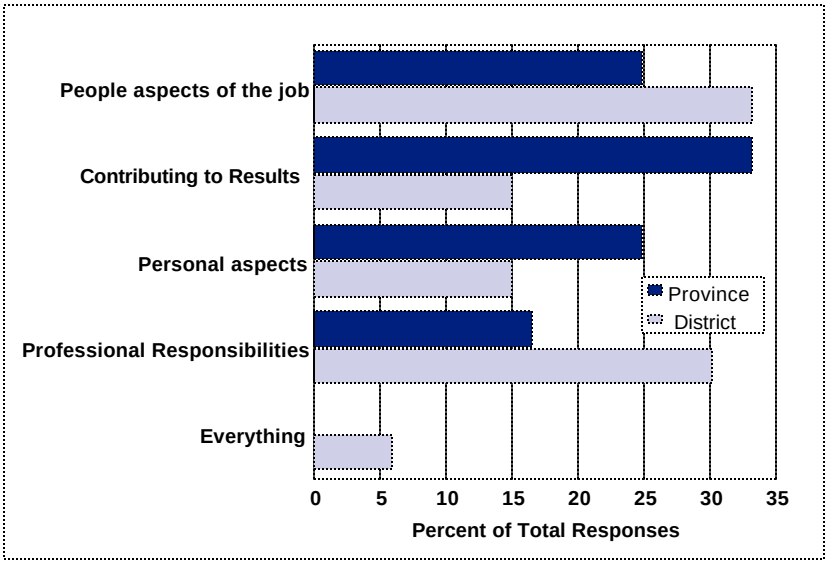
Of those who are responsible for implementation, most say that they "enjoy a lot" (76 percent) or "enjoy a little" (9 percent) managing and overseeing the programme -- although this was more true of respondents from the health sector and the provincial education sector. Somewhat fewer district education officials expressed enthusiasm for their work than other respondents.

Figure 16 highlights the work areas which managers found most enjoyable:

- People Aspects of the Job: (*like working with motivated and committed people, networking with other sectors, working with youth, empowering people with knowledge);*
- Contributing to results: (*seeing disease reduced, seeing results, stop young from dying, increase behaviour change, making a difference in people's lives, changing the world, having a contribution, making an impact, see results of referrals, being part of an important public health issue);*
- Personal Aspects of the Job: (*easy, sensitive, manageable, empowering good, necessary, relevant, learn a lot from it, challenging, exciting)* and
- Professional Responsibilities (*giving information about HIV/AIDS, project management, project implementation, presenting papers on certain topics, routine of work, advising, coordinating).*

It is notable that provincial managers were far more likely to mention results as a positive feature of their responsibilities, and district managers were far more likely to mention professional responsibilities. These are areas that can be exploited when seeking to improve performance at each of these levels.

Figure 16: What Programme Managers Like about Managing the Programme by Level

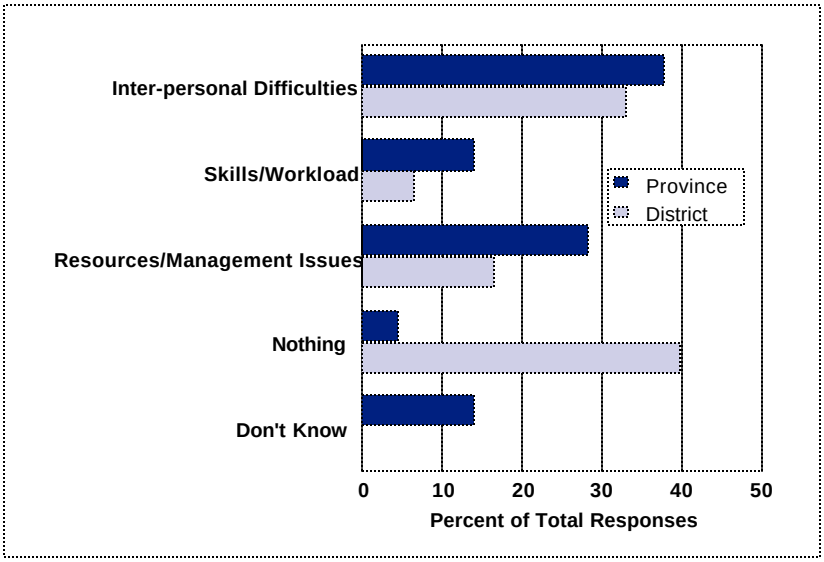


Problems highlighted by both district and provincial staff fall into three main categories (see Figure 17):

- Interpersonal Difficulties (*unwilling parents; criticism from other elements of society; negative attitudes; resistance; excessive politics/infighting; lack of commitment by others; unmotivated people; managing difficult people; cross-cultural misunderstandings; and a lack of commitment by top managers*)
- Workload or Skill Issues (*handling of funds; add-on to work; too much paperwork; no compensation for additional work; occasional discomfort with subject*)
- Resource or Management Issues (*lack of transport; insufficient time; poor or too controlling management/leadership; insufficient resources; lack of proper*

information given; lack of consultation with respect to decisions; delays in receiving basic resources from national level).

Figure 17: What Programme Managers Do NOT Like about Managing the Programme by Level



4.6.1.2. Clarity of Roles and Responsibilities

Roles are defined by a set of expectations about behaviour. Organisational roles have attached to them a set of tasks and responsibilities – sometimes spelled out in a job description, but even without a written job description, roles and responsibilities can be conveyed to the individual. The clarity of roles and responsibilities (among other factors) thus influence behaviour within an organisation.

In this evaluation, we asked how clear the roles and responsibilities were of the different implementation levels. The results presented below indicate that there is considerable uncertainty, particularly at the school level, on the roles of key implementation agents, although officials from the health sector are considered to have more tightly-defined functions than their education counterparts, particularly at the lower levels of programme management and implementation. Notably, between 15 and 36 percent could not answer the questions ("don't know") for certain levels. For example, 16 percent of all respondents did not know if the educators' roles and responsibilities for this programme were clearly. Likewise, 18% don't know if the principals' roles and responsibilities are clear. Respondents were less knowledgeable about the roles of SGBs (34 percent "don't know") and the local clinic (36 percent "don't know") than any other group. These data indicate a lack of shared understanding of each entity's defined roles and responsibilities for managing and implementing this programme.

Provincial-level education managers: More than half of all respondents (51 percent) thought that the provincial-level education managers' roles and responsibilities were clearly defined, compared to 9 and 18 percent who respectively thought the programme was 'only somewhat clear' or 'not clear'. The remainder could not answer this question ('don't know' = 22 percent). No significant differences were observed between provinces. All provinces appear to generally believe the roles and responsibilities of provincial education managers were clearly defined.

Interestingly, education officials at both the district and provincial level, agreed most strongly that provincial level managers within the education sector had clearly-defined roles and responsibilities, than their counter-parts in the health sector. This may signal a lack of understanding, or recognition, within the health sector of the role played by provincial-level education managers with regard to implementation.

District-level education managers: Education officials across all eight provinces were split on whether the roles and responsibilities of district-level programme managers were clear or not (35 percent stated it was 'not clear' whereas 36 percent stated they were 'very clear').

School Principals: Very few respondents overall (only 13 percent) thought the school principals' role in this project was clearly defined. Officials from the Free State (45 percent), particularly from the education sector, were the most adamant that school level principals had ill-defined roles and responsibilities with regard to the programme's implementation.

Educators: In contrast to the results seen for principals, 37 percent of respondents felt that the educators' roles and responsibilities were well-defined, although a higher percentage of provincial-level education officials (54 percent of all provincial education) than district-level education officials (21 percent of all district education officials) considered the educators' roles and responsibilities to be clear. This may reflect differences in the proximity of these programme managers from the reality of the programme at the chalkface, with district education officials perhaps representing more realistically whether these roles and responsibilities are easily interpreted.

Provincial-level health officials (78 percent of all provincial level health officials interviewed) indicated the greatest lack of knowledge of whether roles and responsibilities of educators were clearly defined. District-level health officials were able to respond, and were slightly more positive that the educators' roles were clearly defined – 60 percent said they were, as opposed to 40 percent who said they were not clear.

SGB members: Most respondents (45 percent) thought the role of SGB members in this programme was not clear, compared to only 5.5 percent of respondents who thought their role was clear. This may however be reflective of a general lack of agreement about the overall role of SGBs in schools, rather than a function of the implementation of this programme per se.

Respondents from the education sector (50 percent) were considerably more positive that the SGBs had clearly-defined roles than were health sector respondents (29 percent). Once more, a significantly high number of health officials had no knowledge of the roles of SGBs in the implementation, perhaps reflecting their proximity (or lack thereof) to the school programme.

District and local-level health managers: The role of health officials at the district and local levels was perceived by most respondents (52 percent) to be clearly defined. This may be due to perceived visibility of people at this level in providing solutions, albeit clinical strategies.

4.6.1.3. Motivators

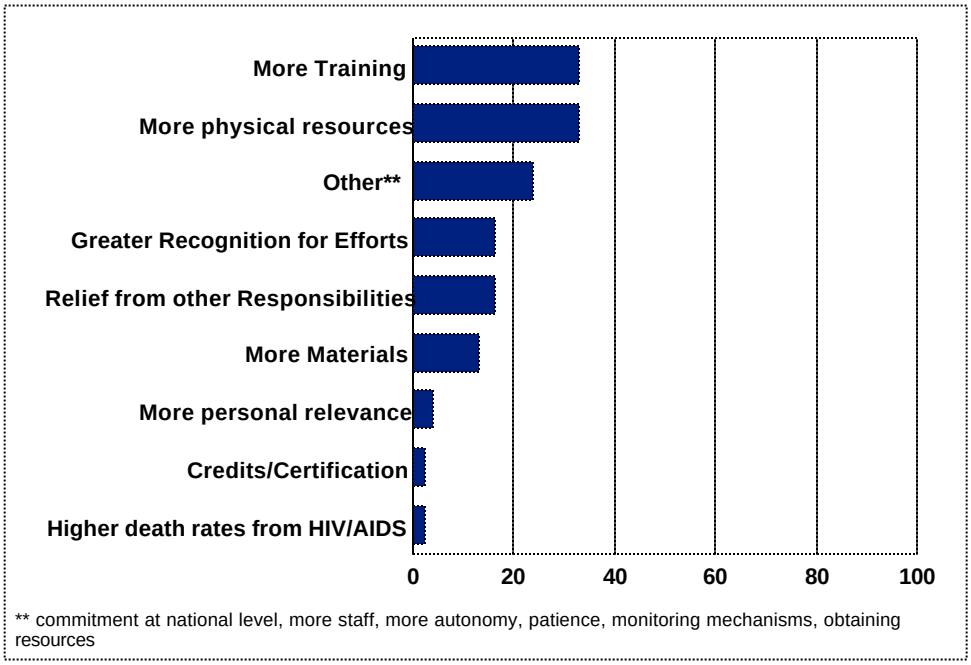
Questions were asked on motivators (or incentives) that might be most effective in encouraging individuals to become more involved in the implementation of the Life Skills Programme.

According to one motivation expert[3], motivators are basically intrinsic factors (such as achievement, recognition, responsibility, advancement and growth) that are related to job satisfaction. On the other hand, certain items, which are often considered motivational, are in fact de-motivators if they are not evident in a job. These items, called "hygiene factors", are basically extrinsic factors (such as company policy, supervision, working conditions) that lead to job dissatisfaction if the factors are not present, but do not lead to greater motivation when existing in a job.

Using this model, we find that the most important factors rated by provincial and district managers are in fact the extrinsic or "hygiene" factors that may be deficient in their current jobs and thus could be serving as de-motivators. For example, provincial and district managers alike ranked "more training" and "more physical resources" ahead of "greater recognition for efforts" (Figure 18), suggesting that the shortage of these may be leading to overall job dissatisfaction or poor performance, although their provision may not lead to greater motivation for implementing the programme!!

Given these results, programme managers need to ensure that insufficient extrinsic factors do not become deterrents to successful implementation by their absence in the workplace. At the same time, national and provincial managers of the Life Skills programme should focus on emphasizing intrinsic motivational factors which this model says lead to greater motivation for implementation -- namely, incorporating "Recognition and Appreciation" into the programme as incentives for improved implementation.

Figure 18: What Provincial Officials say would motivate them to become more involved in the Programme



** commitment at national level, more staff, more autonomy, patience, monitoring mechanisms, obtaining resources

Motivation of Provincial Officials: Provincial managers were asked what would motivate them personally to become more involved in the implementation of the programme. The number one motivating factor mentioned was "more training", followed by "more physical

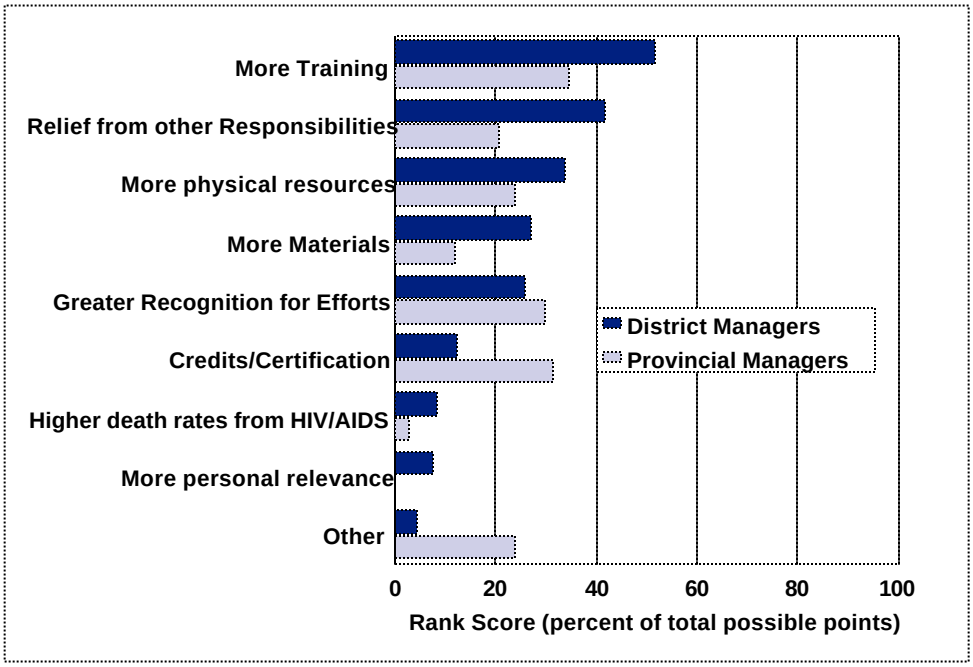
[3] Herzberg, Fredrick, "One more Time: How do you Motivate Employees?" *Harvard Business Review*. September/October 1987.

resources". The "softer" or intrinsic factors – such as "recognition of efforts" or "personal relevance" do not feature as prominently in this list (Figure 18).

Motivation of District Officials: Provincial and district managers were both asked what would motivate district officials to become more involved in the implementation of the programme. The results of this, found in Figure 19, show a similar pattern as seen with the provincial officials -- most district managers would like "more training", "relief from other responsibilities", "more physical resources", and "more materials".

Interestingly, while there are similarities in the views of provincial and district managers, there are also some discrepancies -- provincial managers were more likely to mention that district officials would be encouraged by "credits or certifications", "recognition of effort", or other support (such as "administrative support", "involving more educators", or "greater commitment from officials").

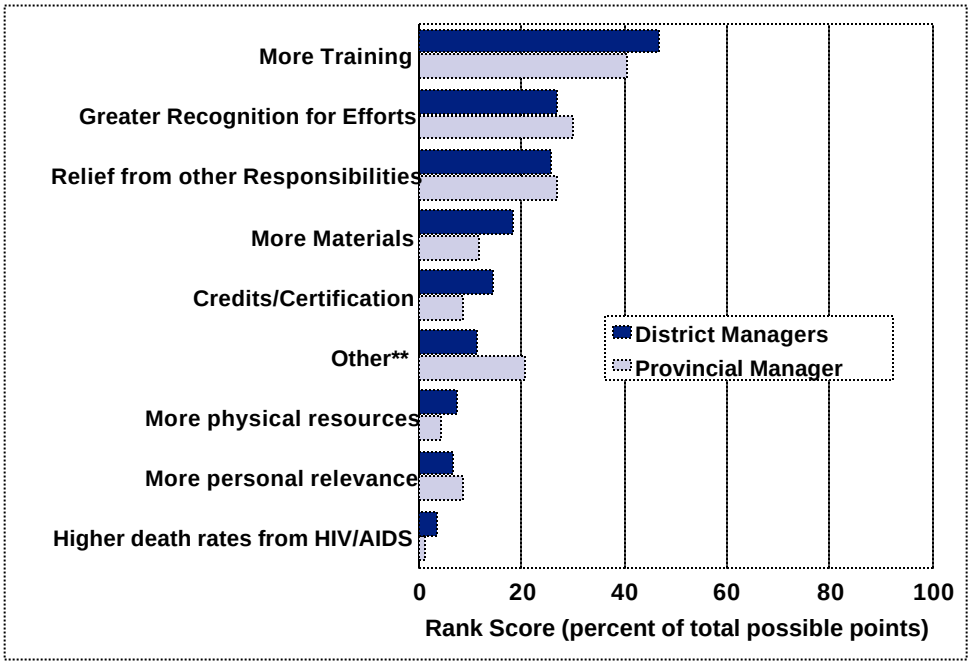
Figure 19: Comparative views on what would motivate District Officials to become more involved in the Programme



Motivation of Schools: Again, provincial and district managers were asked what would motivate schools to become more involved in the implementation of the programme. The results show that there are high levels of agreement between provincial and district officials on the perceived motivators for schools. Again, "more training" features at the top of the list, but the intrinsic factor of "greater recognition for effort" is mentioned much more for schools than for district or provincial officials themselves.

Interestingly, the order of these variables varies somewhat from what was seen with provincial and district officials. Many respondents rated extrinsic factors as less important for schools than for district and provincial offices, and intrinsic motivational factors (i.e. "greater recognition for efforts") relatively more important.

Figure 20: Comparative views on what would motivate Schools to become more involved in the Programme



4.6.1.4. Existence of Dedicated Programme Staff

Table 10 shows 71 percent of all respondents say that there is a dedicated Life Skills Coordinator in their province or district. Districts are less likely to have a dedicated life skills coordinator than provincial offices, and fewer education offices have dedicated coordinators than health offices.

Where these coordinators exist, most have been in place for about 2.25 years at the district level and just under 3 years at the provincial level.

Table 10: Dedicated Life skills Coordinator in their Province or District? (% of Respondents stating "yes")

	Level		
Sector	District Level	Provincial Level	TOTAL
Education	65.5	76.9	69.0
Health	60.0	88.9	78.6
TOTAL	64.7	81.8	71.4

In more than half the cases, these individuals have the title of Life Skills Coordinator or Education Specialist (usually Chief, Deputy Chief, Asst. Chief, or Chief First Education Specialist). A further 17 percent of these individuals have the titles of School Psychologist or (Asst.) Director Educational Support Services, or (Asst.) Director School Health.

4.6.2. Management Support for Provincial and District Offices

Two thirds of respondents report that that they have requested support to enhance their work on the Life Skills – HIV/AIDS programme. Respondents from Kwazulu-natal and the Free State were less likely to state they had requested support. Likewise, provincial level respondents were less likely to state that they had requested support than district respondents.

More district education respondents than any other group state that they have requested support.

Table 11 suggests that district officials tend to look for support from those in the education sector, from provincial level, and from local level. Interestingly, no district respondents reported requesting support from the national level.

Table 11: Where the District Looks for Support

Level		Percent of all responses
National Level		0.0
Provincial Level (22.6% of all responses)	Unspecified	19.4
	Prov. Health	0.0
	Prov. Education	3.2
District Level (9.7 % of all responses)	Unspecified	9.7
Local Level (12.9% of all responses)	Local Health	6.5
	Local Educators	3.2
	Communities	3.2
Other (54.8% of all responses)	Businesses	6.5
	NGOs/PPSA	9.7
	DoH (unspecified)	3.2
	DoE (unspecified)/ESS	22.6
	Master Trainers	0.0
	Life Skill Coordinators	3.2
	Department of Welfare	3.2
	Other	6.5

At the provincial level, Table 12 suggests that provincial personnel generally request support from the national level, from another provincial colleague, or from the health sector. Some, but minimal, support is also requested from the district level.

Table 12: Where the Provinces Look for Support

Level		Percent of all responses
National Level (21.9% of all responses)	Unspecified	18.8
	Minister	3.1
Provincial Level (21.9% of all responses)	Unspecified	18.8
	Prov. Health	3.1
	Prov. Education	0.0
District Level (12.5 % of all responses)	Unspecified	12.5
	District Health	0.0
	District Education	0.0
Local Level (3.1% of all responses)	Unspecified	0.0
	Local Health	3.1
	Local Educators	0.0
	Communities	0.0
Other (40.6% of all responses)	Businesses	0.0
	NGOs/PPSA	6.3
	DoH (unspecified)	6.3
	DoE (unspecified)/ESS	9.4
	Master Trainers	3.1
	Life Skill Coordinators	0.0
	Department of Welfare	3.1
	Other	12.5

The types of support requested indicated no strong trend towards any one type of support in particular, but respondents most often asked for more materials (22 percent of all responses); for decisions, answers to questions, or general assistance (17 percent), more money (14 percent), training (7 percent), or transport (7 percent).

District level respondents say they require more funds (especially for transport) and more training. When they do get support, district offices tend receive far more teaching aids/materials for the programme.

Provincial officers say they require more teaching aids/materials as well as more funds (especially for transport). And when they get support, they tend to receive far more financial support.

Almost half of the respondents (43 percent) indicated that the support they requested was not provided to them. While this was seen across all eight provinces, this was particularly true of respondents from Mpumalanga and the North West.

Very few respondents commented on the quality of the support received. Rather, in response to this question, most respondents indicated that the support received was limited in quantity, and therefore, they require more. 52 percent say that the support received from the national level or provincial level is not sufficient. This is particularly true of respondents in KwaZulu Natal, Eastern Cape and Northern Province.

4.6.3. Vision for the Programme

A clear and shared vision is a necessary part of any new intervention that seeks to make a change. Without a clear view of the new desired conditions or situation, it is hard for even the most flexible person to change.

In this regard, an emphatic ninety six percent of all respondents agreed that the programme did indeed have a vision. Respondents from the education sector, and particularly at the

district level, were the most positive that a vision for the programme exists. Sixty eight percent (more than two thirds) of responses from the education sector, in contrast to only twenty six percent of responses from the health sector, stated that a vision for the programme exists.

Definition of the vision: Three definitions of the programme's vision may be discerned from the data:

1. *The need to effect change in knowledge, attitudes and behaviour*

   In this category, the vision was defined primarily in terms of the following priority areas: *the need to create awareness amongst the youth regarding HIV/AIDS, the need to develop generic skills amongst the youth, the need to expand awareness of HIV/AIDS to the community, to reduce the prevalence of HIV/AIDS amongst the youth, to impact on knowledge and attitudes.*

   These views indicate that there is some recognition by programme managers of the need for a full-on offensive to combat the HIV/AIDS epidemic. However, the overall responses largely reflect respondent concerns with awareness and attitude change, rather than the development of these to effect behavioural change.

2. *The need for a curriculum-based HIV/AIDS and LIFE SKILLS education initiative*

   Whilst most definitions of the vision do not explicitly exclude out-of school youth, a portion indicated that the programme should be school-based and curriculum-driven. These opinions are encompassed in their identification of the following areas, also thought to be embraced by the vision: *the need for inclusion of sexuality and life skills education in the curriculum, the need to have well-informed educators and DoE employees, the need for full implementation at the school level, the need for increased mainstreaming of the programme within the education system.*

   Some respondents also indicated the need for greater articulation of the school-based Life Skills-HIV/AIDS programme with other community-based youth programmes.

3. *The managerial prerogatives thought to be encapsulated in the vision:*

   The management level issues that were thought to form part of this vision included *improvement of programme co-ordination, increasing inter-sectoral collaboration, constant monitoring of the implementation, improving support at the school level.*

More responses from the Education sector saw the vision mainly in terms of creating awareness and impacting positively on attitudes. Health sector respondents however, incorporated the development of skills in addition to awareness, in their understanding of the programme's vision. This disparity in perspectives may be related to differences in the perceived roles and responsibilities of these sectors respectively.

Where does the vision come from? This question required respondents to make a multiple selection from a list of stakeholders. Perceptions of where the programme vision emanates from were split between those who located the source at the provincial level (thirty three percent), national level (twenty five percent), with an individual, such as from the respondent him/herself (12 percent), or from national statistics (seven percent).

The view that the vision comes from the provincial level was supported mainly by district level officials in the education sector (sixty nine percent) and by provincial level officials in the health sector (sixty four percent).

Is the Vision Clearly defined? The overwhelming majority of respondents (82 percent) indicated that the vision was clearly defined, compared to only seventeen percent who thought not. Of those who thought it was not well defined, nearly all came from the Education sector, with the Northwest and Mpumalanga district level respondents particularly indicating that they thought the vision *was not* clearly defined.

Is the vision shared? Most respondents (83 percent) considered the vision to be shared between the different implementation levels, across all provinces/districts. Respondents felt the vision was shared between national and provinces (78 percent), provinces and districts (83 percent), and districts and schools (72 percent).

District level education officials and provincial level health officials were the most convinced that the vision was shared, between each of the respective levels of government.

4.6.4. Procedures and Processes

During the policy maker interviews, it was highlighted that many programme managers at provincial and district level reportedly had difficulty with procedures and processes for accessing and mobilising resources for programme implementation.

In this regard, programme managers at provincial and district level were asked how "clear" and how "easy" they thought the processes were for accessing funds, for organising and launching training, and for getting and distributing materials (Table 13).

Table 13: Views on Processes and Procedures

Activity	Is the process and procedure …?	% of respondents stating "VERY Clear/Easy"	% of respondents stating "NOT Clear/Easy"	Significant differences seen in responses
Accessing Funds	Clear?	33.9	33.9	Provincial find much clearer than District
	Easy?	30.4	28.6	Provincial find much easier than District
Launching and organising Training	Clear?	51.8	17.9	Provincial find much clearer than District
	Easy?	41.1	14.3	Provincial find much easier than District
Getting and distributing materials	Clear?	60.7	12.5	--
	Easy?	55.4	17.9	--

All respondents showed considerably less "comfort" with financial procedures and processes than launching training and distributing materials. This is consistent with the findings reported in the policy maker interviews where difficulties with financial procedures were highlighted as a major constraint to bringing more resources to the programme.

In addition, with the exception of getting/distributing materials, the data shows that district respondents find all procedures and processes significantly more difficult and confusing. In this regard, there is appears to be need for giving more structured and understandable guidelines to districts in undertaking these activities.

The following section provides more information on the management of materials distribution

4.6.5. Management of Materials Distribution

Provincial/District office's role in distribution

Eighty three percent of all district and provincial respondents interviewed indicated that their office *has* distributed materials / teaching aids to schools. It appears the Education sector has played a greater part, with more than three quarters (77 percent) of Education officials interviewed (seventy four percent of whom are at the district education level) indicating that they have distributed materials to the schools. In contrast, only 22 percent of all Health officials indicated they had distributed materials to schools.

As expected, the provincial officials in both sectors were comparatively less involved in distribution of materials to schools than were the district officials from both sectors. Almost 70 percent of district officials had reported distributing materials to schools, compared to only 30 percent of officials at the provincial level.

Means for delivering materials

The most important means through which materials are distributed is reportedly through the district vehicle pool (47 percent), followed by collection of materials by the schools (22 percent), and finally, through the use of the provincial official's own vehicle (18 percent). The other means of distributing materials (posting, and "other" means) were relatively insignificant.

Records kept of materials

Sixty percent of all respondents in the sample stated that they kept *some* records of materials distributed. However, only 20 percent of all respondents were able to produce records of materials kept, on request by fieldworkers. This may indicate a lack of formal record keeping within district and provincial offices. The apparent lack of regulation over the distribution of materials is cause for concern as these officials play such a significant role in materials distribution.

Availability of Life Skills materials in the office for eventual distribution

More than half of all respondents (59 percent) indicated that there were no Life Skills materials in their office that were being kept for eventual distribution. Forty one percent said that they did have materials in their office.

The condition of observed records

More than half (56 percent) of all materials that were being stored for eventual distribution were described as being "clearly well-packaged and marked". The rest of the materials were reportedly stored very well – *easily accessible in a cupboard (*nineteen percent*)* or *stacked in hallways* (nineteen percent). Only a very small percentage of materials (six percent) observed were dusty and apparently not in use for quite some time, suggesting that they were not being distributed.

These data suggest that when materials do come to the manager's offices, they are distributed relatively quickly.

4.6.6. Monitoring and Evaluation

As a measure of monitoring and evaluation, respondents were asked if there were any targets set for programme components. The data show that the setting of targets is reportedly more common at provincial level than district level, and that targets are most commonly established for training and follow-up visits.

The vast majority of respondents at provincial level (91 percent) reported that their provincial office sets targets for the Life Skills-HIV/AIDS programme components. This was consistent across all provinces and sectors. Surprisingly, however, all the remaining 9 percent of respondents who said that their provincial offices were not setting targets were all from the health sector in the Eastern Cape and North West provinces. Provincial-level respondents most often reported that targets were established for follow-up visits (77 percent of all respondents), refresher training (68 percent), initial training (64 percent) and monitoring and evaluation (64 percent).

Fewer district-level respondents (76 percent) reported that their district office sets targets for the Life Skills-HIV/AIDS programme. Only education personnel reported not having any targets at all or not knowing if their district offices were setting any targets at the district level. The most common areas where targets were set are follow-up visits (50% of respondents), initial training (47 percent) and refresher training (47 percent).

4.6.7. Financial Management

Table 14 shows that at provincial level, health officials are more likely to be involved in requesting and submitting business plans than education respondents. In contrast, at district level, it is the education sector that is more involved in requesting and submitting business plans.

Nearly a quarter of all respondents state that they submitted a business plan in 1999, another quarter state that they submitted a business plan in the year 2000, and the remaining half have never submitted a business plans. Of those who reported submitting a business plan, nearly all say they consulted others in the plan's preparation. At provincial level, as expected, the health officials who mainly prepared the business plans consulted with their education colleagues or other unspecified managers. Interestingly, district-level managers were far more likely to mention that they also consulted with NGOs or other stakeholders than provincial-level managers. Likewise, only district managers stated that they collected technical information on counselling, HIV/AIDS care or HIV/AIDS education for the preparation of the business plan.

Table 14: Requesting and Submitting Business Plans

	Provincial Respondents Percent who state "yes"			**District Respondents** Percent who state "yes"		
		Educ	**Health**		**Educ**	**Health**
Ever **REQUEST** a Business Plan…?	…from the district level?	31%	75%	…from a school?	69%	25%
Ever **SUBMIT** a Business Plan..?	… to the national level?	41%	67%	…to the provincial level?	59%	33%

The most common item indicated on the business plans was training (seen on 17 plans), followed by materials purchase/distribution (11 plans), administrative support (9 plans), and transport (8 plans).

4.7. Ownership of the Programme

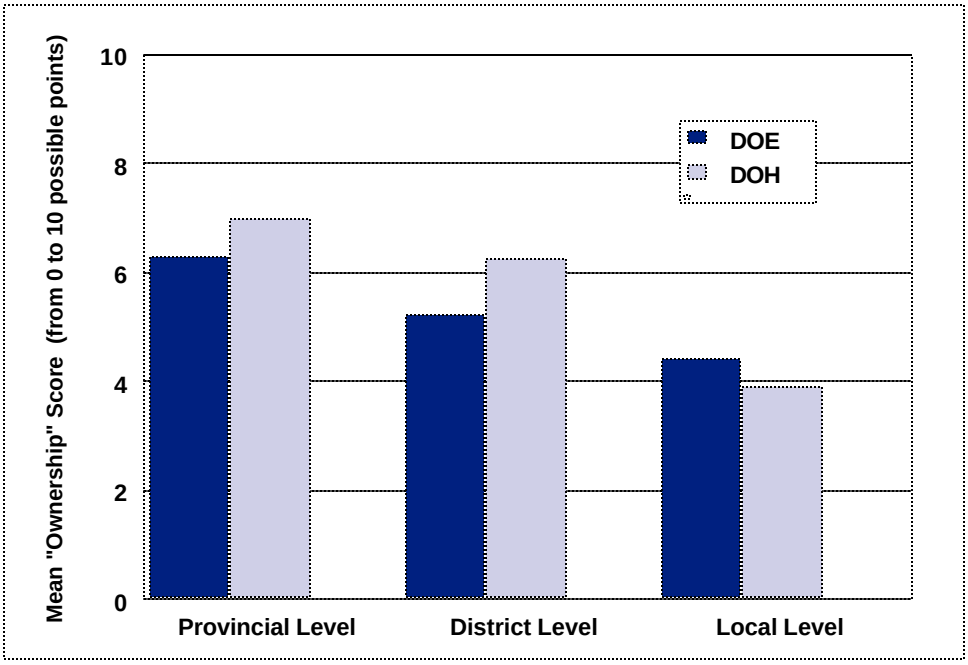
Figure 21 shows that more ownership of the Life Skills-HIV/AIDS programme exists at the health sector at both the provincial and district levels. There is also more ownership of the

programme at the schools in comparison to clinics at the local level. The figure further indicates a decrease in ownership of the programme as you move down the levels from provincial to district to local.

During the policy-maker interviews, the issue of misplaced or insufficient ownership of the programme was raised by several individuals as one of the key constraints to effective programme implementation. In that report, we noted that many policy makers reported that Department of Health officials believed that the education sector has not fully embraced the Life Skills-HIV/AIDS programme because it does not see it as part of its core business.

Indeed, this perception is confirmed by provincial and district level managers who also perceive a greater degree of ownership by the health sector than the education sector – particularly at provincial and district levels where most of the management of the programme occurs. This reverses however, at local level, where schools are (correctly) perceived as having more ownership than clinics.

Figure 21: Mean Ownership Score by Level



Disturbingly, all respondents perceive that the programme has diminishing ownership as one moves down the levels from provincial to district to local. This suggests that the programme is largely seen as a "top-down" initiative with less commitment or ownership for its implementation at the lower levels. This obviously has great implications for the success of programme implementation because without sufficient ownership and commitment at the lower levels, the programme will not be successfully implemented.

4.8. Focused Support or Resistance to Programme Implementation

Eighty eight percent of all respondents indicated that there are key people who support the Life Skills-HIV/AIDS programme. All the health managers in this study said that there are key people who support the programme, while fewer education officials reported this. The vast majority of this support reportedly comes from the Department of Education

(unspecified level) (38 percent) and the Department of Health (unspecified level) (31 percent). Another 28 percent of respondents indicate support from the National Level.

There were no significant differences in the responses provided by provincial/district personnel, and overall general agreement between health and education that indeed there are key people to support the programme.

When asked if there is resistance to the programme, 50 percent indicated that there was resistance, mainly from principals and educators at the school level, and parents. District-level managers and respondents from the education sector were more likely than other respondents to agree that there was resistance, due mainly to their closer proximity to the programme. Notably, 87.5 percent of respondents from the Free State strongly believed that there is resistance to the programme. In contrast, the majority of respondents from KwaZulu Natal (71 percent) feel that there is no resistance to implementing the programme. However, as will be seen from the final report for this project, the vast majority of schools in Kwazulu-Natal are not implementing the Life Skills programme, thus showing that the absence of resistance is related to the absence of implementation rather than a full embrace of the programme.

Although we asked how individuals resist the programme, very few responses indicated this (46 percent of all responses). Rather, most respondents indicated why certain individuals were resisting. Such responses included *"lack of motivation from educators", "parents are misinformed about the content of the programme", teaching children about sex is a family responsibility",* and *"life skills increases the workload of educators"*. Of those individuals who did respond to how the programme is being resisted, the vast majority (91 percent) indicated that *"principals were resisting sex education in schools"* and thereby *"not making life skills a priority subject"* and *"not providing space on the school timetable for life skills"*. These were more commonly reported by education managers than health managers.

Strategies that are being employed to overcome resistance include trying to educate principals and parents on the Life Skills-HIV/AIDS programme (58 percent), and providing information to all stakeholders so as to clarify the importance and necessity for such a programme (38 percent). District-level personnel also report providing training for educators and principals.

4.9. Suggestions for Improving the Programme

Programme success and sustainability are contingent on a number of inter-related factors. Whilst the capacity and motivation of educators as well as programme managers have been underlined as key determinants of programme success, the need for various strategies to augment the school-based programme was widely recognised and acknowledged by respondents. These strategies may be characterised as the following:

Increased/improved support to educators responsible for implementation

Of all factors identified by respondents as determining programme success, the imperative to provide *follow-up support and training to educators* was identified at least four times more frequently by the respondents (20 percent of all responses). This support is envisioned as part of a broader, more encompassing strategy of *monitoring and evaluation, support and supervision* in support of the school-based programme. Whilst these suggested inputs to ensure programme success underscore the role of the educator as a key agent driving the programme, they also suggest the need for increased accountability for programme performance. The willingness and motivation of districts to provide this kind of support may however be constrained by the material resources available to them. One such resources

item, which has been raised consistently as a constraint to the delivery of support to educators (school visits), is the provision of transport for districts to execute their functions. One such function would be to develop capacity at schools for policy development, which was mentioned by educators.

Wider initial consultation with community-based stakeholders to engender their ongoing support for the programme

The need for greater involvement in consultation of all stakeholders at the community level was identified as key to programme success (7.2 percent of all responses). Whilst cultural/traditional mores may militate against some of the programme's core messages, canvassing wider support may assist in thwarting resistance to programme implementation amongst key community stakeholders.

This suggestion casts programme implementation as a political process, the success of which will be determined largely by perceptions of legitimacy from among the actors. In keeping with Ministerial pronouncements on this subject, it further acknowledges the need for multi-dimensional, rather than linear (input-process-outcome) approaches to the school-based programme, as well as to other HIV/AIDS prevention strategies.

Greater support for the programme from all management levels

The support of officials at all levels may also influence the extent to which effective and efficient programme implementation is made possible (5.4 percent of all responses). This report shows only a loose correlation between the assignment of roles and responsibilities and the necessary buy-in from departmental staff with regard to realising the envisaged outcomes of the programme.

Curriculum adjustment

The need for Life Skills to be curriculated – i.e. introduced as a fully fully-fledged subject or learning area, supplemented by adequate provisioning in terms of staffing, time-tabling, training and various types of support -- was stressed by 8.1 percent of the responses.

Generally, there were few challenges to the programme's overall thrust and orientation *within* the curriculum. Most comments on the curricular form that Life Skills should assume advocated changes to the way it is accommodated (integrated) within the curriculum, as well as the structure / organisation and content of the programme, rather than to it's methodology. For example, *"change the focus of the programme", "change the 'method' of teaching HIV/AIDS to make it more serious subject", "separate Life Skills from HIV/AIDS", " integrate HIV/AIDS with other subjects", "make Life Skills a compulsory part of the curriculum"*, and *"standardise information"*.

While most respondents felt the programme merely needed fine-tuning in the delivery of certain programmatic inputs, as reflected in the wide range (32%) of suggestions for changes to the programme, others thought the implementation was entirely misconceived, hence the suggestion by one official that the process just '*start over*'.

Improve Communication

Communication was thought to be less than optimal between officials at the different levels, and there was a perceived need to improve this. Programme managers also thought it was important to *raise the public profile and visibility of the programme* by *improving advocacy and lobbying* to the general public. This it was thought would help make the programme more acceptable.

Improve Management

Several management functions were identified as in need of change. They range from *"establishing a separate directorate with new posts"," devolution of responsibility for decision-making to the district level", "make district boundaries more fluid / flexible", "improve co-ordination between departments"," increase and improve inter-sectoral collaboration",* and expanding this collaboration to *"include the activities of the Welfare Department"*.

Both the quality and sufficiency of trained educators also surfaced as a concern, and suggestions for improvements in this regard include: *"improve selection of staff to be trained for implementation"," have dedicated Life Skills posts at schools",* or alternatively *"have co-ordinators deployed in schools who are not educators"*.

There was also the need expressed for the lack of functionality in schools to be addressed. One respondent also made a suggestion for modifying the target population for the programme to also target the disabled.

5. CONCLUSIONS/RECOMMENDATIONS

Within the wide variety of perceptions from district and provincial level officials presented in this report, some common themes emerge:

- **Perceived implementation** is limited and where implementation has occurred, its extent is mixed – with some schools doing well while others are struggling. The vast majority of respondents reported below-average success for programme implementation in their province or district. Many district and provincial level managers (like national level managers) view rural schools or dysfunctional schools as having far poorer implementation.
- The factor most often attributed to successful implementation was **"commitment/ dedication/motivation" of school-level personnel**. Factors most often attributed to poor implementation were mostly resource issues (insufficient staff, time, or information). Indeed, provincial and district officials view three areas as the most difficult or problematic areas for schools: insufficient time for implementing the programme, insufficient support for implementation, and poor parental interest. While insufficient training features less prominently, nearly all respondents agree that the initial training provided to educators was insufficient to give them the skills to effectively teach the programme and to generate commitment at the school level.
  - These data suggest the need to find ways to encourage greater commitment to the programme, especially among those schools that also have resource limitations that otherwise discourage them from making the effort to implement. Incentives that might be incorporated into the programme are indicated in the section on "motivation" below. Alternatively, disincentives may also be incorporated into the programme, although these were not explicitly examined and would have to be defined by the Department of Education.
  - Because the programme's perceived success is heavily dependent on the commitment and dedication of individuals, this signals an absence of a cohesive Departmental response -- that is, the programme has not yet become part and parcel of the "basic package of services" delivered by the education sector.

? To date, the programme appears **not to have moved beyond generating awareness of HIV/AIDS**. The most commonly cited result of the programme thus far is "increased awareness of HIV/AIDS". Virtually no respondent mentioned behaviour change among learners as a result of the programme at this point in time. This is, however, an expected result as it has only been two years since the programme's introduction.

? **Materials distribution** from provincial and district levels does not appear to be a limiting factor. Very few provincial or district offices had materials lying around undistributed, suggesting that most materials are pushed through the pipeline soon after receipt. The school level data will provide information as to whether indeed the materials have reached the schools.

  ? The data appears to suggest the need for more variety as well as greater quantities of materials, although this needs to be substantiated through school-level data.

? **Planning** around programme implementation is occurring although more often among health officials at provincial level and somewhat inconsistently among education officials at district level. When plans and targets are established they are mostly focused on training and visits.

? Most district officials acknowledge their responsibilities to undertake **support visits** to schools for this programme, but visits are reportedly insufficient due to lack of manpower, time, or transport. Accordingly, there is need for the programme to facilitate more "management by getting around" rather than depending on office-based management of the programme. District and provincial officers alike need to get out of their offices and see what is actually happening in the schools and give follow-up as required.

  ? When visits do occur, they tend to focus on assessment of implementation and provision of information. This may not be enough. The perceived low levels of implementation suggest that educators are having difficulty applying what they learned in training, and more on-the-job training and skills development should be delivered during school support visits. Again, the validity of this conclusion will be cross checked with school-level data.

? A variety of **other factors** which could influence the success of implementation and management were examined:

  - Vision: a clear and shared vision of what is expected from the intervention is important to successful implementation. Indeed, most respondents agree that the vision is clearly defined, emanates mainly from the provincial level, and is mostly shared by programme managers and implementers at all levels (nationally, provincially, district, and local). Thus, the programme's vision is not seen to be a limiting factor in implementation.

  - Clarity of Roles and Responsibilities: Clear roles and responsibilities can facilitate more effective implementation. In this regard, most respondents report that there is much greater clarity among health personnel than education, and at provincial level than district or school levels. Officials from the health sector are viewed as having much more tightly defined functions than their education counterparts, particularly at the lower levels of management. The roles and responsibilities of schools in this programme are viewed as most uncertain.

- Ownership: The ownership of the programme is seen to exist mainly within the health sector at provincial and district level, but only at the local level within the education sector. This suggests that most managers at provincial and district level (like their national-level counterparts) are not convinced that the education sector has fully embraced the programme as an education priority. Moreover, perceived ownership of the programme diminishes as one moves from national to provincial to district and local level.

    ? Poor ownership at the lower levels, particularly among education personnel, may be related to poor definition of roles and responsibilities. Thus, challenge for the programme therefore is to determine how it can become more rooted and clearly defined within the education sector, especially at district and local level, in order to enhance overall ownership and implementation.

- Resistance/Support: Many respondents believe that resistance to the programme does exist at local level, mainly from principals and parents. In contrast, very little resistance appears to exist among district and provincial staff, although one official (of 56 total) indicated explicit opposition to the programme (because the programme "encourages sex among children") and another official wasn't sure if the programme was really necessary. Otherwise, at provincial and district level, nearly all programme managers accepted that the programme was needed.

  Despite the perceived resistance by local-level entities, nearly all respondents also acknowledged that there are individuals who are strong and visible supporters of the programme – and these are mostly government officials from the Departments of Health and Education.

    ? These results suggest a need to capitalise on existence of these "champions" of the programme to counter the perceived resistance at local level. This may mean getting district and provincial "champions" to hold community meetings where the programme can be explained and more parental and community support for implementation can be elicited.

- Motivation: Questions were asked on motivators (or incentives), which would encourage individuals to become more involved in implementation of the Life Skills Programme[4]. Although some of the most important motivators reported by district and provincial managers are factors outside the control of the project (such as number of staff, more physical resources), additional training and recognition of the efforts of individuals and groups in programme implementation would reportedly motivate more individuals at all levels to become more involved.

  District officials are viewed as highly willing, and self-motivated, but considerably less able and skilled to manage implementation. In contrast,

[4] Although we did not specifically ask whether additional money or finances might be a motivating factor, Khulisa fieldworkers reported that many principals and educators did not know that financing was available to support implementation. However, when they completed the questionnaire and saw the items on the business plans, many concluded that additional funds could be available. The fieldworkers then reported that many educators and principals said that additional funds would greatly assist them in getting the programme launched or expanded in their schools.

schools are not viewed as being very willing or able/skilled – many programme managers believe this is because schools have many other demands, but that schools are also less interested in the programme or have less “belief” that the programme is needed.

- ? This suggests the need for building greater capacity at district level to manage the implementation of the programme and to support schools in their efforts.